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**ELDERLY
RESIDENTS
IN ONTARIO**



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ELDERLY RESIDENTS IN ONTARIO: RURAL-URBAN DIFFERENCES

Ministry of Community and Social Services
September, 1985

ACKNOWLEDGEMENTS

This report is part of a series on the USCO project. The study has involved a variety of individuals, groups and government departments at many levels. The eclectic nature of the study necessitated a variety of resources and it is apparent that the study has benefitted from such support.

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Finally, this study could never have been accomplished without the co-operation of the 846 persons whom we interviewed. I only hope that this study sensitively and accurately represents their experience.

Merle Anne Ridley
Research Consultant

SUMMARY

This paper examines the population surveyed for the USCO study by concentrating on rural-urban differences. The reason for the examination was grounded in the assumption that the living situations of elderly persons may differ according to the size of the community in which they live.

The eight communities surveyed for the study were divided into four groups for purposes of comparison. The four groups were: rural (Cookstown, Athens, and Bruce Mines) (20%); small-urban communities (Penetanguishene/Brockville) (18%); the mid-sized urban communities (Sault Ste. Marie/Windsor) (31%) and Toronto (31%).

The demographic characteristics of the respondents in the rural communities differed from those of their urban counterparts. The rural respondents were more likely than the urban respondents to be men, to be married, to have less than nine years of formal education, to live in houses, and to own their residence. They were unlikely to be in the highest income group.

The respondents in the rural areas were distinguished from the respondents in the urban centres by their ethnic composition. The rural respondents were the most homogeneous group, with 79% of the respondents being of British origin.

In addition to demographic differences, the rural respondents differed from the urban respondents in their contacts with family. The rural respondents maintained a greater number of family contacts and a greater number of contacts with children. It is noteworthy that the rural respondents did not differ from the urban respondents in the frequency of contacts by telephone or in person with family or friends.

Rural-urban differences were found in relation to recreational participation. Although the number of recreational activities in which the respondents participated did not vary across communities, the type of activities did vary. Rural respondents were more likely than urban respondents to garden, go for drives and have family come to visit. The rural respondents were less likely to attend theatre.

When asked about barriers to their recreational participation, the rural respondents were more likely than the respondents in small-urban communities or mid-sized urban communities to cite cost as a barrier to their involvement. Forty-five percent of the rural respondents reported that expense kept them from participating to the extent they desired. It is noteworthy, that cost was cited as a barrier by an equal proportion of respondents in Toronto and the rural areas.

The examination of seven health status variables did not reveal major differences between the rural and urban respondents. The only statistically significant differences concerned the type of health conditions reported. The rural respondents were the most likely of all respondents to report heart trouble and they were more likely than the persons in the larger urban centres to report heart attacks.

Although there were no major differences in health status between the rural and urban respondents, differences across communities were found in the use of the health care system. The rural respondents were the least likely to see medical specialists and the least likely to be hospitalized.

The ability of the respondents to carry out Activities of Daily Living (ADLS) was measured with the use of selected items of the OARS instrumental and physical ADL scales. Nine ADLS were measured with the use of these scales. The respondents who reported difficulties with or an inability to carry out the ADLS were considered to have disabilities. The rural respondents (23%) were the least likely to report disabilities. Disabilities were most often reported by residents of Toronto (39%). Across all communities the disabilities reported most often were in relation to heavy housework and shopping.

The number of respondents who received assistance with day to day activities did not vary from community to community. Differences across communities were found in the type of assistance received, specifically in relation to: paying bills and going out in bad weather. The rural respondents were the least likely to receive assistance with paying bills and they were less likely than the mid-sized urban respondents and the Toronto respondents to receive assistance in going out in bad weather.

The sources of the respondents' support differed across communities. The rural respondents were the least likely to rely on family members for assistance, and more likely to rely on neighbours and friends.

Less than one-fifth of the rural respondents reported requests for additional assistance. The proportion of rural respondents requesting additional assistance was the same as the proportion requesting assistance in the mid-sized urban communities; and smaller than the proportion requesting assistance in either the small urban communities or Toronto. The activities with which the rural elderly most frequently requested assistance were yard work, heavy housework and house repairs.

The respondents were asked to project into the future and consider the type of housing they would want should they find it difficult to care for their own needs. The interest expressed in various housing options did not differ significantly from community to community. The largest proportion (73%) of rural respondents were interested in moving into supportive housing arrangements; followed by staying home with community services to assist (64%).

Rural-urban differences were apparent in the modes of transportation used to go shopping, to medical appointments and to social activities. Rural respondents were more likely than urban respondents to drive themselves and to be driven by others to all three activities. The likelihood of a private vehicle being the principle mode of transportation decreased as community size increased. Rural respondents were the most likely to walk to medical appointments and social activities. They were the least likely to use taxis or public transportation.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario Survey¹. The principal objective of the survey was to systematically examine the living situations of elderly persons who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the province. These areas include five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to analyze the USCO data by concentrating specifically on rural-urban differences. The reason for this examination is grounded in the assumption that the living situations of elderly persons may differ according to the size of the community in which they reside. The extent to which differences in community size are related to lifestyle characteristics and access to resources are the principal areas of concern.

The distinguishing characteristics of the rural elderly are identified by a comparison of the rural population as a whole to three urban populations. For purposes of analysis the two smallest urban centres have been combined (Penetanguishene/Brockville), and the two mid-sized urban centres are combined (Sault Ste. Marie/Windsor). The units of comparison are shown below:

<u>(1) RURAL</u>	<u>POPULATION</u>
Cookstown	less than 1,000
Athens	less than 1,000
Bruce Mines	less than 1,000
<u>(2) SMALL-URBAN</u>	
Penetanguishene	5,460
Brockville	26,880
<u>(3) MID-SIZE URBAN</u>	
Sault Ste. Marie	81,050
Windsor	196,525
<u>(4) TORONTO</u>	2,124,290

The living situations of the respondents are examined through consideration of demographic characteristics, social contacts, recreation, health status, use of the health care system, type of disabilities, receipt of assistance, providers of assistance, requests for additional assistance, housing preferences and transportation use.

¹ Refer to Appendix for a list of papers in the USCO series.

Rural-urban differences are given primary attention in this paper. The living situation of the sample as a whole has been described in previous papers, each covering a specific topic. The reader should refer to these papers as basic references for any further comparison of the data.

2. DEMOGRAPHIC CHARACTERISTICS

The demographic characteristics of the persons residing in communities of different size are reviewed in this section. Attention is being paid to age, sex, marital status, income, years of formal education, ethnic background and housing.

In the population surveyed 20% (n=168) of the total sample resided in rural communities; 18% (n=148) were residents of small urban communities (Penetanguishene, Brockville); 31% (n=265) lived in mid-sized urban communities (Sault Ste. Marie, Windsor) and 31% (n=265) resided in Toronto.

The communities did not differ in the age distribution of the respondents. The majority of respondents in all communities was between the ages of 62 to 74 and the smallest proportion was aged 85+. In the rural areas 55% (n=93) were 62 to 74, 33% (n=56) were 75 to 84 and eleven percent (n=19) were 85+.

As the size of the community increased, the proportion of men decreased, with women outnumbering the men in all but the rural locations. Table 1 shows that the proportion of men ranged from a low of 34% (n=89) in Toronto to a high of 51% (n=83) in the rural communities.

Marital status differences were found across the communities. Table 2 shows that married respondents were more frequently found in the smaller communities. Whereas, married individuals comprised approximately two-thirds of the respondents in the rural areas (64%, n=106) and the small urban communities (66%, n=97), they comprised approximately one-half of the respondents in Toronto (49%, n=130) and the mid-sized urban communities (54%, n=142). The larger urban centres tended to have the greatest proportion of widowed and single respondents.

Income differences distinguished the communities. Table 3 shows that the largest proportion of respondents in all locations had incomes exceeding \$999 per month. However, the proportion in this income category varied considerably from a low of 31% (n=43) of the respondents in the small urban centres to a high of 49% (n=120) of the respondents in Toronto. Close to one-third (30%) of the respondents in the rural areas (n=48) and the mid-sized urban communities (n=72) had monthly incomes under \$600.¹

¹ In July 1982 when this survey was conducted, the federal and provincial governments guaranteed the following total payments through the Old Age Security Guaranteed Income Supplement and GAINS-A programs: \$529.29 for single seniors and \$1,003.28 for married couples.

Just as the respondents in Toronto had the highest incomes, they also had the highest educational levels. Table 4 shows that close to one-quarter (25%, n=62) of the Toronto respondents had thirteen or more years of schooling; 45% (n=117) had nine to twelve years of schooling. The educational level of the respondents in the rural areas closely corresponded to that of the respondents in the small-urban and mid-sized urban communities. Approximately one-half of the respondents in all of these communities had less than nine years of education. Just over one-third had nine to twelve years and less than one-fifth had thirteen years or more.

The rural respondents were distinguished from the respondents in the urban centres by their ethnic composition. Table 5 shows that the rural respondents were the most homogeneous group with 79% (n=132) of the respondents reporting British heritage. In the remaining communities although the predominant ethnic group was British, the ethnic composition was considerably more diverse.

The housing situation of the rural respondents differed from that of the urban respondents. Tables 6 and 7 show that as the size of the community increased, the likelihood of living in a house and of owning a residence decreased. Houses were occupied by 97% (n=163) of the rural respondents in comparison with 59% (n=155) of the Toronto respondents. Residential ownership was common to 86% (n=145) of the rural respondents and 56% (n=148) of Toronto's residents.

It is noteworthy that no significant differences were found across communities in relation to the number of persons living on their own vs living with others. More than two-thirds of respondents across all communities lived with at least one other person.

3. SOCIAL CONTACTS

Visits with family and friends by telephone and in person were the bases for assessing the respondents' social contacts. This section concentrates on the differences in contacts across the four communities.

Fully 99% (n=835) of the total sample had contact with at least one family member. Table 8 shows that almost one-half (45%, n=76) of the rural respondents had thirteen or more family contacts. In Toronto, 24% (n=65) were in contact with this many relatives.

The number of respondents who had contact with children varied by community, with the most substantial difference occurring between the rural areas and the largest urban centre. Contact with children was reported by 86% (n=145) of the rural respondents compared to 76% (n=202) of the Toronto respondents.

The frequency of contacts with family and friends by phone and in person did not vary statistically across communities. For the sample as a whole, over two-thirds of the respondents had phone contact with family and friends at least once a week, had visits from friends at least once a month and went to visit family and friends at least once a month.

4. RECREATION

The participation of the respondents in recreational activities was examined in this survey. This section concentrates on identifying rural-urban differences in relation to actual and desired participation.

Recreational participation was measured by asking the respondents if they partook in any of 21 leisure activities. The activities included solitary activities such as handicrafts, group activities like club participation, activities requiring minimal output of energy like reading, and activities requiring greater output like sports. The number of activities in which the respondents participated ranged from one to twenty with a mean of twelve. This number did not vary significantly across communities.

Although the number of recreational activities in which the respondents participated did not differ from community to community, the type of activities in which the respondents chose to participate did vary. Table 10 shows that the likelihood of gardening, of having family come to visit, and of going for drives increased as community size decreased. Seventy-four percent (n=122) of the rural respondents gardened, compared to less than one-half (48%, n=127) of the Toronto respondents. Family came to visit almost all (97%, n=160) of the rural seniors, but only 89% (n=235) of the respondents in Toronto. Going for drives was common to 81% (n=135) of the rural respondents and 70% (n=185) of the Toronto respondents.

The rural respondents (16%, n=26) were the most likely to assist with elections. Those least likely to assist were the respondents of small urban (8%, n=12) and mid-sized urban (8%, n=21) communities.

The rural respondents were the least likely of all respondents to attend the theatre. Less than one-quarter (23%, n=39) attended. This figure compares to almost one-half (46%, n=123) of the Toronto respondents.

Upon reporting their participation in each of 21 activities, the respondents were asked whether their desired participation was greater than their actual involvement. If they so indicated, they were asked to indicate the barriers that inhibited them. Ninety-four percent (n=790) of the total sample reported barriers to their desired participation. Table 11 shows that the three barriers indicated most frequently by respondents in all communities were personal health (a minimum of 20%) being too busy (a minimum of 13%) and the cost of the activity (a minimum of 13%).

The proportion of respondents reporting health or being too busy as barriers to participate did not vary from community to community. Table 12 shows that approximately one-half of all respondents indicated health as a barrier to some activity and approximately one-third (minimum 30%) indicated being too busy as a barrier. Of noteworthy interest is the difference across communities in the proportion of respondents who reported cost as a barrier. The respondents in both the largest and the smallest communities were the most likely to consider expense a barrier. Almost one-half (45%) of both the rural (n=75) and Toronto (n=120) respondents reported that the expense of an activity limited their involvement. These figures compare to 38% (n=56) of the respondents in small-urban communities, and 34% (n=90) of the respondents in the mid-sized urban communities.

A more detailed description of the respondents participation in leisure activities is found in the report entitled Elderly Residents in Ontario: Their Participation in Leisure Activities and the Barriers to Their Participation. The reader is referred to this report for a more detailed examination and discussion of particular activities and the characteristics of the respondents who reported selected barriers.

5. HEALTH STATUS

This section is devoted to comparing the health status of the respondents across communities. Health status is a composite measure and in this paper seven variables are used to comprise the measure. They include:

- a) subjective rating of health
- b) comparison of health with five years previous
- c) extent to which health conditions stand in the way of doing things persons want to do
- d) number of health conditions
- e) number of interfering health conditions
- f) type of health conditions
- g) mobility

The data presented on health status is based on self-reports.

Across communities no statistically significant differences were found in the respondents' subjective rating of health, comparison of health with five years previous or in the respondents' evaluation of the extent to which health interfered with day to day activities. Focusing upon the rural respondents we find that the majority (61%, n=103) considered their health to be good or excellent, and most (67%, n=112) felt that their health was the same or better than it had been five years previous. Health impaired day to day activities for 63% (n=106) of the rural respondents but, less than one-half (38%, n=40) of these respondents reported that health interfered a great deal with their activity.

All respondents were read a list of 31 health conditions and were asked to indicate if a physician had ever told them that they had the condition. The conditions included arthritis, heart trouble, cancer, dizziness, diabetes, etc. (Refer to report entitled: Elderly Residents in Ontario: Their Health Status and Their Use of The Health Care System for a listing of the conditions.) No significant differences across communities were found in the number of reported conditions. In the rural communities, ten percent (n=16) of the respondents reported no conditions; 55% (n=92) reported one to four conditions and 36% (n=60) reported five or more conditions.

For each condition reported, the respondents were asked to indicate whether the condition interfered with their day to day activities. No statistically significant differences were found across communities in the number of interfering conditions reported.

Of the 31 health conditions examined in this survey, statistically significant differences across communities were found in relation to only two conditions, namely, heart conditions and heart attacks. Table 13 shows that the respondents in the largest communities (Sault Ste. Marie/Windsor and Toronto) were less likely than the respondents in the rural or small urban communities to report either of these conditions.

The ability to walk around the average block was used as a measure of mobility. The mobility of the respondents did not vary differences across communities. Over ninety percent of all respondents reported being able to walk around the block.

In summary, the examination of the health status measures did not reveal major differences across communities. The only statistically significant differences were found in relation to type of health conditions. The respondents residing in rural and small-urban communities were more likely to report heart related conditions.

6. USE OF THE HEALTH CARE SYSTEM

The respondents' use of the health care system was measured by visits to family doctors and specialists and hospitalizations. In this section the use of the health care system is examined across communities. It is noteworthy that despite the fact that health status varied little across communities, significant differences across communities were found in the respondents' use of the health care system.

Visits to family doctors varied by community. The respondents in the small urban communities (Penetanguishene/Brockville) visited family doctors most frequently. Those in the larger urban centres (Sault Ste. Marie/Windsor and Toronto) visited less often. Refer to Table 14.

The likelihood of being seen by a medical specialist increased with community size. Table 15 shows that visits to specialists during the year prior to the interview were made by 30% (n=50) of the rural respondents, 35% (n=52) of the respondents in the small urban communities, 44% (n=117) of the respondents in the mid-sized urban communities and 45% (n=119) of the Toronto respondents. The frequency of visits to medical specialists did not differ significantly when communities were compared.

Hospitalization rates differed across communities. Table 16 shows that the majority of respondents in all communities had not been hospitalized during the twelve months preceding the interview. The likelihood of being hospitalized was greater in the small urban (26%, n=39) and mid-sized urban communities (22%, n=22) than in Toronto (12%, n=32) and the rural communities (19%, n=33).

Although the rural respondents were less likely to be hospitalized than the respondents in the small urban or mid-sized urban communities, the rural respondents tended to stay in the hospital for longer periods of time. Close to two-thirds of the hospitalized rural respondents (66%, n=21) spent eight or more days in the hospital. This figure compares to 59% (n=23, n=19 respectively) of the respondents in Penetanguishene/Brockville and Toronto and 55% (n=32) of those in Sault Ste. Marie/Windsor).

7. TYPE OF DISABILITIES AND RECEIPT OF ASSISTANCE

The respondents' ability to manage on a day to day basis was measured with the use of selected items from the OARS instrumental and physical Activities of Daily Living (ADLS) scales¹. These scales are commonly employed to assess the older persons' capability of performing ADLS. In using the scales, the ability to perform nine ADLS was measured. The ADLS included using the telephone, shopping, preparing meals, doing heavy housework, handling money, dressing, taking care of one's own appearance, getting in and out of bed and bathing. The respondents who indicated difficulty with or an inability to carry out the activities were considered to have disabilities.

Differences across communities were found in the number of persons who reported disabilities. Table 17 shows that the likelihood of reporting disabilities increased as community size increased. Disabilities were reported by less than one-quarter (23%, n=39) of the rural respondents compared to 39% (n=103) of the Toronto respondents. Reports of three or more disabilities were made by six percent (n=10) of the rural respondents and fifteen percent (n=40) of the Toronto respondents.

The type of disabilities reported are illustrated on Table 18. Irrespective of community, the most frequent disabilities reported were in relation to shopping and housework. The only differences across communities were found in relation to housework and bathing. Disabilities related to housework and bathing were least frequently reported by the rural respondents (16%, n=26 and 5%, n=9 respectively), and most frequently reported by residents of Toronto (32%, n=86 and 13%, n=35 respectively).

Upon examining the disabilities reported, an assessment was made of the respondents' receipt of assistance with 22 day to day activities. The activities examined included activities in the home such as housework, meal preparation and laundry; activities outside of the home like yardwork; shopping and banking; and personal care activities such as bathing, dressing and getting in and out of bed. The number of respondents who received assistance and the number of activities with which assistance was received did not vary from community to community. Over one-half (51%, n=432) of the respondents received no assistance, eighteen percent (n=153) received assistance with one activity, twenty percent (n=164) received assistance with two to four activities and eleven percent (n=93) received assistance with five or more activities.

¹ Refer to reference section for the reference for this scale.

Table 19 illustrates the type of activities with which assistance was received. Across all communities, the assistance received most frequently (by a minimum of 23% of the respondents) related to yardwork and heavy housework. It is noteworthy that for twenty of the 22 activities considered, the number of respondents who received assistance did not vary from community to community. The two differences found in relation to the receipt of assistance in the number of respondents were with paying bills and going out in bad weather.

The respondents in the small urban communities were the most likely to receive assistance with paying their bills (12%, n=17). Toronto (10%, n=25) most frequently received help going out of doors in bad weather.

8. PROVIDERS OF ASSISTANCE AND POTENTIAL PROVIDERS OF ASSISTANCE

The sources of assistance used by the respondents for day to day activities differed across communities. Table 20 illustrates that children were the most frequent caregivers to the respondents in all communities other than Toronto. In Toronto, family members, other than children provided a slightly higher proportion of the assistance. The proportion of assistance provided by family members increased as the size of the community increased. Family members provided 59% of the total assistance to the respondents in the rural communities compared to 69% of the assistance to the Toronto respondents. The rural respondents were the most likely to receive assistance from neighbours or friends; 13% of the total assistance provided in rural communities came from neighbours/friends compared to 7% of the assistance provided to the respondents in Toronto.

A maximum of four percent of all assistance with day to day activities came from community agencies. The most frequent users of these agencies were persons in the rural communities and the mid-sized urban communities (S.S. Marie/Windsor). Residents of Penetanguishene/Brockville were the least likely to call upon community agencies for help.

The use of five particular community agencies, namely Visiting Nurses, Red Cross Homemakers, Home Care, Meals on Wheels and Friendly Visiting was assessed. The communities did not differ in the use of these agencies.

The respondents were asked to indicate the persons/agencies they would contact for assistance should certain situations arise. These situations included depression, shopping, finances, transportation, dealing with the old age security system, personal care and bathing. The persons indicated in each of the situations were considered potential providers of assistance.

The persons suggested as potential providers of assistance closely coincided with the actual providers of assistance. Family members, specifically children, were identified as the primary sources of support.

Tables 21-23 show the differences across communities in the persons to be called upon for help if needed. Significant differences across communities were found in relation to three situations: help dealing with the old age security agency, help getting to a medical clinic and help with personal care.

Table 21 shows that more than one-quarter of the respondents in the rural communities (28%, n=47) and the mid-sized urban communities (31%, n=82) indicated they would turn to community groups for assistance should they require help in dealing with the Old Age Security Agency. By comparison, 17% (n=25) of the respondents in small-urban communities and 11% (n=28) of the Toronto respondents said they would call upon a community group if this type of help was required. The residents of both Toronto and the small urban communities most frequently indicated they would ask their child for help if needed.

The persons who would be called upon for help if it was needed to get to a medical clinic are illustrated on Table 22. The respondents in the rural communities (34%, n=57) most frequently reported that they would call upon neighbours/friends for help. Neighbours/friends were listed as potential sources of support by 21% (n=31) of the respondents in the small-urban communities, 14% (n=38) of the respondents in the mid-sized urban communities, and 17% (n=44) of the Toronto respondents. In the communities other than the rural areas, the respondents most frequently reported they would contact children for help as needed.

Potential sources of support with activities of personal care are shown on Table 23. Across all communities, the largest proportion of the respondents (a minimum of 33%) indicated they would ask their spouse for assistance. It is important to note that the proportion of persons within each community who said they would seek the help of a spouse with personal care closely corresponded with the marital status differences across communities. The respondents in small-urban communities (49%, n=73) were the most likely to consider their spouses for assistance with personal care. They were also the most likely to be married (66%, n=97). Likewise, the Toronto respondents (33%, n=87) were the least likely to report that they would ask their spouse for assistance and they were also the least likely to be married (49%, n=130).

After spouses the second most frequent source of support for personal care reported were the respondents' children. Children were identified by close to one-quarter of the respondents in all communities. A maximum of twelve percent of the respondents said they would turn to community groups for help of this nature.

The frequency with which community services were cited as potential sources of support was examined across communities. Tables 24 through 30 show the number of respondents who said they would call upon community services if faced with the seven situations discussed above. Overall, 44% (n=370) said they would call on community services for assistance with at least one activity. Twenty-eight percent (n=232) said they would seek community services for one activity; twelve percent (n=99) stated they would call upon community services for two activities and five percent (n=39) said they would use community services for assistance with three to seven of the activities.

9. REQUESTS FOR ADDITIONAL ASSISTANCE

Upon reporting their receipt of assistance with the 22 day to day activities, the respondents were asked if they could use any or any additional (hereafter additional) assistance with the activities. Table 31 shows that the number of respondents who indicated additional requests for assistance differed across communities. The respondents residing in the rural communities (19%, n=32) and the mid-sized urban communities (19%, n=51) were the least likely to request additional assistance. Residents of the small urban communities (25%, n=37) and Toronto (32%, n=86) requested assistance more often.

The type of additional assistance requested is shown on Table 32. The only statistically significant differences across communities were found in relation to yard work and cutting toenails. The requests for additional assistance with both activities were made in greatest frequency by the respondents in Toronto. Requests for additional assistance with yard work came from sixteen percent (n=34) of the Toronto respondents, 9% (n=15) of the rural respondents, 7% (n=9) of the small-urban respondents and 5% (n=12) of the mid-sized urban respondents. The Toronto respondents (8%, n=21) were at least twice as likely as the respondents in other communities to request additional assistance with cutting toenails.

10. INTEREST IN VARIOUS HOUSING OPTIONS

The possibility exists for all older community residents that a time may come when they are unable to care for their own needs. If that time does come, the older persons may be faced with finding a suitable arrangement to meet their impending requirements. In this survey the respondents were asked to project into the future and consider the type of housing that might interest them. The question was posed as such..."If at a future point in your life you find it extremely difficult to care for your own needs, please tell me if you would or would not be interest in the following housing arrangements:

- moving in with friends
- moving in with family
- staying at home with community services to assist
- staying at home with family/friends to assist
- moving into a home for elderly persons or a housing project where some services are available (hereafter "supportive housing arrangement").

Table 33 shows that for the group as a whole the two most popular housing options voiced by respondents in all communities were moving into supportive housing arrangements (a minimum of 65%) and staying home with community services to assist (a minimum of 54% of the respondents). Least interest was expressed in moving in with friends (a maximum of four percent).

It is noteworthy that no statistically significant differences were found across communities in the interest expressed in the various housing options. Despite the fact that the respondents' current housing situations varied with community size, there were no significant differences in the respondents' interest in housing options for the future.

11. TRANSPORTATION

The modes of transportation used by the respondents and the problems associated in using those modes were examined in this survey. Community differences were assessed.

Tables 34, 35 and 36 illustrate the principal modes of transportation used for shopping, medical appointments and social occasions. The respondents in the rural, small-urban and mid-sized urban communities most frequently (a minimum of 43%) drove themselves to the three activities. Toronto respondents most often drove themselves to social activities (33%, n=75), used public transportation (27%, n=69) to go to medical appointments and walked (33%, n=87) most often when going shopping. Over three-quarters (minimum 77%) of the respondents in the rural and small urban communities drove themselves or were driven by others to the three activities. Comparisons across the communities could not be made due to the small number of respondents in many of the categories.

Transportation problems reported by the respondents were noted. The number of respondents who reported problems did not differ among communities for shopping or social activities. There were however, significant differences in the number of respondents who reported problems with transportation to medical appointments. Table 37 illustrates that residents of the small urban communities (9%, n=13) and Toronto (7%, n=17) reported problems with transportation to medical appointments most often. Residents of the rural areas (3%, n=5) and the mid-sized urban communities (2%, n=5) indicated these problems less often.

A series of questions were posed to the respondents about their use of public transportation and taxis. Tables 38 and 39 show that there were significant differences across communities in the use of both. As expected, taxis were used most frequently by respondents of the largest urban community: Toronto. Taxi users numbered 44% (n=117) of the Toronto respondents, 37% (n=55) of the residents in the small-urban communities, 33% (n=88) of the residents of mid-sized urban communities and seven percent (n=12) of the respondents in the rural areas.

The respondents in Toronto were the most likely of all respondents to use public transportation. Users of public transportation ranged from a high of 83% (n=220) of the Toronto respondents to a low of 24% (n=35) of the respondents in Penetanguishene/Brockville.

All respondents were asked: "If you could get further assistance with transportation, would you be interested in having it and if so, what type of assistance would you be interested in?" Nineteen percent (n=155) answered in the affirmative. Table 40 illustrates that the respondents in the small-urban communities (27%, n=39) were the most likely of all respondents to request assistance with transportation. Assistance was requested by less than one-fifth (a maximum of 19%) of the respondents in the other three communities.

Table 41 shows the type of assistance requested in each community. Because of the small numbers in many of the cells, statistically significant differences could not be measured. In the rural areas, the most frequent (6%, n=18) request was for improvements in public transportation. In the small-urban communities requests were most often made for final assistance with taxis (26%, n=10) and improvements in public transportation (26%, n=10). The respondents in the mid-sized urban communities voiced most requests (40%, n=14) for a person to drive or assist them to places they wanted to go. Almost one-half (47%, n=23) of the respondents in Toronto requested financial help with taxis.

The spending priorities of the respondents were measured. All respondents were presented with a number of options including more or better food, medical needs, transportation, etc. and were asked how they would spend additional income if it was available. Community differences were not found in the desire of the respondents to spend additional income on transportation.

12. CONCLUSION

This paper has focused on rural-urban differences of the population surveyed for the USCO study. The four groups considered in the analysis were rural communities (Cookstown, Athens and Bruce Mines), small-urban communities (Brockville/Penetanguishene), mid-sized urban communities (Sault Ste. Marie/Windsor) and Toronto. The findings revealed that the communities differed in their demographic characteristics, social contacts, recreational participation, health status, use of the health care system, disabilities, type of activities with which assistance was received, providers of assistance, potential providers of assistance, requests for assistance and the use of transportation.

The respondents in the rural communities had identifiable characteristics:

- o They made up twenty percent of the sample.
- o They had the highest proportion of men. More than one-half (51%) of the rural respondents were men.
- o The majority (64%) were married.
- o They represented the smallest proportion (31%) of persons in the highest income group.
- o The largest proportion (47%) had eight or less years of formal education.
- o Seventy-nine percent were of British background.
- o The majority (97%) lived in houses.
- o The majority (86%) owned their residence.
- o Forty-five percent had 13 or more family contacts.
- o They were the most likely of all respondents to garden, to have family visits, to help out with elections and to go for drives.
- o They were the least likely to attend the theatre.

- o The majority (61%) considered their health to be good or excellent, and most (67%) felt that their health was the same or better than it had been five years previous.
- o The majority (63%) reported that their health impaired their day to day activities.
- o The majority (55%) reported that they had one to four health conditions.
- o They were more likely than the respondents in the larger urban centres to report heart trouble and/or heart attacks.
- o They were the least likely (30%) of all respondents to have visited a medical specialist in the previous year.
- o The majority (81%) had not been hospitalized during the previous year. Those who had been hospitalized stayed in the hospital for a longer period of time than the urban respondents.
- o They were the least likely (23%) of all respondents to report disabilities with the activities of daily living (ADLS). Specifically, they were less likely to report disabilities related to housework and bathing.
- o They were less likely than the respondents in the mid-sized urban communities or Toronto to receive assistance with paying bills (3%) or going out of doors in bad weather (4%).
- o They were the least likely of all respondents to receive assistance from family members.
- o They were the least likely (19%) of all respondents to request additional assistance.
- o Should they be unable to care for their own needs, they expressed most interest in moving into a supportive housing arrangement (73%).
- o The largest proportion drove themselves to go shopping (50%), to go to medical appointments (48%), and to go to social activities (54%).
- o They were the least likely to use taxis (7%).
- o The majority (81%) did not request assistance with transportation. The majority of those who did request assistance wanted improvements in public transportation.

The findings in this paper identify rural-urban differences and provide a profile of the distinguishing characteristics of the rural population. The findings also dispell some preconceived assumptions about how the rural and urban elderly populations differ. Although many differences across communities were found, along many dimensions the communities did not differ. The rural respondents did not differ from their urban counterparts with respect to age, frequency of social contacts, the number of recreational activities they participated in, the desire expressed for increased recreational participation, health status, receipt of assistance, interest in housing options, and problems with transportation. Both the differences and communities identified in this paper underline the importance of considering community size as a critical variable in both studies of the elderly and in future planning endeavours.

TABLE 1: COMMUNITY OF RESIDENCE BY SEX
(Number and Percentage)

<u>SEX</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Male	(83)	51	(69)	48	(112)	42	(89)	34
Female	(80)	49	(76)	52	(152)	58	(176)	66
Total*	(163)	100	(145)	100	(264)	100	(265)	100

Chi Square = 14.88 $p < .01$

*9 missing observations

TABLE 2: COMMUNITY OF RESIDENCE BY MARITAL STATUS
(Number and Percentage)

<u>MARITAL STATUS</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Single	(8)	5	(5)	3	(20)	8	(27)	10
Married	(106)	64	(97)	66	(142)	54	(130)	49
Widowed	(48)	29	(35)	24	(95)	36	(96)	36
Divorced/ Separated	(5)	2	(10)	7	(7)	3	(12)	5
Total*	(167)	100	(147)	100	(264)	100	(265)	100

Chi square = 25.92 $p < .01$

*3 missing observations

TABLE 3: COMMUNITY OF RESIDENTS BY MONTHLY INCOME
(Number and Percentage)

<u>MONTHLY INCOME</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
\$000-599	(48)	30	(34)	25	(72)	30	(63)	26
\$600-799	(27)	17	(22)	16	(42)	17	(25)	10
\$800-999	(28)	17	(39)	28	(43)	18	(38)	15
\$1000+	(59)	36	(43)	31	(85)	35	(120)	49
Total*	(162)	100	(138)	100	(242)	100	(246)	100

Chi square = 24.42 p < .01

*58 missing observations

TABLE 4: COMMUNITY OF RESIDENCE BY YEARS OF FORMAL EDUCATION
(Number and Percentage)

<u>YEARS OF EDUCATION</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
0-8	(76)	47	(70)	49	(130)	50	(82)	31
9-12	(60)	37	(54)	37	(94)	36	(117)	45
13+	(25)	16	(20)	14	(34)	13	(62)	24
Total*	(161)	100	(144)	100	(258)	100	(261)	100

Chi square = 25.98 p < .01

*22 missing observations

TABLE 5: COMMUNITY OF RESIDENCE BY ETHNIC BACKGROUND
(Number and Percentage)

<u>ETHNIC BACKGROUND</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Canadian	(7)	4	(14)	10	(3)	1	(11)	4
British	(132)	79	(61)	42	(120)	46	(156)	60
French	(4)	2	(56)	38	(47)	18	(9)	3
Jewish	(0)	0	(0)	0	(4)	1	(13)	5
Other Europe	(21)	13	(8)	5	(67)	25	(47)	18
Other	(4)	2	(8)	5	(23)	9	(26)	10
Total*	(168)	100	(147)	100	(264)	100	(262)	100

*5 missing observations

TABLE 6: COMMUNITY OF RESIDENCE BY HOUSING TYPE
(Number and Percentage)

<u>HOUSING</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
House	(163)	97	(115)	79	(173)	67	(155)	59
Apartment	(5)	3	(30)	21	(86)	33	(106)	41
Total*	(168)	100	(145)	100	(259)	100	(261)	100

Chi square = 81.22 p.4 01

*13 missing observations

TABLE 7: COMMUNITY OF RESIDENCE BY HOME OWNERSHIP
(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Own	(145)	86	(113)	77	(163)	62	(148)	56
Rent or Live With Others	(23)	14	(35)	23	(101)	38	(117)	44
Total*	(168)	100	(148)	100	(264)	100	(265)	100

Chi square = 58.98 p. < .01

*1 missing observation

TABLE 8: COMMUNITY OF RESIDENCE BY TOTAL FAMILY CONTACTS
(Number and Percentage)

<u>TOTAL NUMBER OF FAMILY CONTACTS</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
None	(4)	2	(1)	1	(2)	1	(4)	2
1-6	(35)	21	(46)	31	(94)	35	(86)	32
7-12	(53)	32	(37)	25	(84)	32	(110)	42
13-35	(76)	45	(64)	43	(85)	32	(65)	24
Total	(168)	100	(148)	100	(265)	100	(265)	100

TABLE 9: **COMMUNITY OF RESIDENCE BY CONTACTS WITH CHILDREN**
(Number and Percentage)

<u>CONTACTS</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
None	(23)	14	(19)	13	(45)	17	(63)	24
Contact With Children	(145)	86	(129)	87	(220)	83	(202)	76
Total	(168)	100	(148)	100	(265)	100	(265)	100

Chi square = 11.05 p. < 05

TABLE 10: COMMUNITY OF RESIDENCE BY PARTICIPATION IN SELECTED LEISURE ACTIVITIES

(Number and Percentage)⁶

ACTIVITY	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Garden ¹	(122)	74	(93)	63	(137)	52	(127)	48
Attend Theatre ²	(39)	23	(54)	37	(77)	29	(123)	46
Family Come To Visit ³	(160)	97	(140)	95	(240)	92	(235)	89
Help With Election ⁴	(26)	16	(12)	8	(21)	8	(33)	13
Go For Drives ⁵	(135)	81	(116)	78	(194)	74	(185)	70

¹ Chi square = 32.15 p < .01 3 missing observations

² Chi square = 29.18 p < .01 4 missing observations

³ Chi square = 13.19 p < .05 10 missing observations

⁴ Chi square = 8.11 p < .05 11 missing observations

⁵ Chi square = 8.31 p < .05 6 missing observations

⁶ Each percentage has been calculated according to the relevant N

TABLE 11: COMMUNITY OF RESIDENCE BY BARRIERS TO PARTICIPATION

<u>BARRIER</u>	<u>COMMUNITY</u>			
	<u>RURAL</u>	<u>PENETANG/ BROCKVILLE</u>	<u>S.S. MARIE/ WINDSOR</u>	<u>TORONTO</u>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Respondents' Health Problems	23	20	23	26
Respondents Busy	13	19	13	13
Too Expensive	13	16	13	14
Distance	8	9	6	7
No Companions	7	4	7	8
No Transportation	6	6	5	3
Others Busy	4	4	6	4
Lazy	5	3	6	3
Family Has Health Problems	5	2	5	4
No Opportunities Available	4	3	4	3
Not Sure How To Go About It	2	2	2	3
Feel Too Old	1	2	1	1
Bad Weather	1	1	1	1
Fearful	1	1	1	1
Other	7	8	7	9
Total	100%	100%	100%	100%

TABLE 12: COMMUNITY OF RESIDENCE BY THE NUMBER AND PERCENTAGE OF RESPONDENTS WHO REPORTED SELECTED BARRIERS TO PARTICIPATION ²

<u>BARRIER</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u> N=168	<u>%</u>	<u>(N)</u> N=148	<u>%</u>	<u>(N)</u> N=265	<u>%</u>	<u>(N)</u> N=265	<u>%</u>
Health Problems	(76)	45	(17)	48	(126)	48	(132)	50
Respondents' Busy	(63)	38	(48)	32	(80)	30	(84)	32
Too Expensive ¹	(75)	45	(56)	38	(90)	34	(120)	45

¹ Chi square = 8.85 p < .05

² Each percentage has been calculated according to the relevant N

TABLE 13: COMMUNITY OF RESIDENCE BY HISTORY OF HEART TROUBLE OR HEART ATTACKS

(Number and Percentage)³

<u>HEALTH CONDITION</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u> N=168	<u>%</u>	<u>(N)</u> N=148	<u>%</u>	<u>(N)</u> N=265	<u>%</u>	<u>(N)</u> N=265	<u>%</u>
Heart Trouble ¹	(65)	39	(49)	34	(71)	27	(63)	24
Heart Attack ²	(16)	10	(21)	14	(21)	8	(19)	7

¹ Chi square = 23.77 p < .01 8 missing observations

² Chi square = 18.53 p < .05 7 missing observations

³ Each percentage has been calculated according to the relevant N

TABLE 14: COMMUNITY OF RESIDENCE BY NUMBER OF VISITS
TO A FAMILY DOCTOR IN PAST TWELVE MONTHS

(Number and Percentage)

<u>NUMBER OF VISITS</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
None	(13)	8	(8)	5	(23)	9	(19)	7
1-3	(45)	27	(42)	29	(82)	31	(100)	38
4-9	(46)	28	(35)	24	(79)	30	(66)	25
10+	(62)	37	(61)	42	(77)	30	(79)	30
Total*	(166)	100	(146)	100	(261)	100	(264)	100

Chi square = 28.82 p. < 05

*9 missing observations

TABLE 15: COMMUNITY OF RESIDENCE BY WHETHER MEDICAL SPECIALISTS HAD BEEN SEEN IN THE PAST TWELVE MONTHS
(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Seen Medical Specialist	(50)	30	(52)	35	(117)	44	(119)	45
Not Seen By Medical Specialist	(116)	70	(96)	65	(148)	56	(146)	55
Total*	(166)	100	(148)	100	(265)	100	(265)	100

Chi square = 12.76 $p < .01$

*2 missing observations

TABLE 16: COMMUNITY OF RESIDENCE BY NUMBER OF DAYS SPENT
IN HOSPITAL OVER THE PAST YEAR

(Number and Percentage)

<u>DAYS IN HOSPITAL</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
None	(136)	81	(109)	74	(205)	78	(232)	88
1-7 days	(11)	7	(16)	11	(26)	10	(13)	5
8+ days	(21)	12	(23)	15	(32)	12	(19)	7
Total*	(168)	100	(148)	100	(263)	100	(164)	100

Chi square = 15.83 $p < .05$

*3 missing observations

TABLE 17: COMMUNITY OF RESIDENCE BY TOTAL NUMBER OF DISABILITIES*
(Number and Percentage)

<u>DISABILITIES*</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
None	(129)	77	(104)	70	(189)	71	(162)	61
1-2	(29)	17	(34)	23	(51)	19	(63)	24
3+	(10)	6	(10)	7	(25)	9	(40)	15
Total	(168)	100	(148)	100	(265)	100	(265)	100

Chi square = 18.07 $p < .01$

* Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity

TABLE 18: COMMUNITY OF RESIDENCE BY THE TYPE OF DISABILITIES ¹
REPORTED

(Number and Percentage)²

DISABILITY*	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N) N=168	%	(N) N=148	%	(N) N=265	%	(N) N=265	%
Use Phone	(9)	5	(12)	8	(14)	5	(23)	9
Shopping	(20)	12	(18)	12	(41)	16	(51)	19
Prepare Meals	(10)	6	(9)	6	(19)	7	(26)	10
Heavy Housework ³	(26)	16	(31)	21	(45)	17	(86)	32
Handle Money	(6)	4	(7)	5	(15)	6	(28)	11
Dress	(1)	1	(3)	2	(4)	2	(6)	2
Take Care Of Appearance	(1)	1	(2)	1	(8)	3	(3)	1
Get In And Out Of Bed	(1)	1	(2)	1	(3)	1	(7)	3
Bath ⁴	(9)	5	(8)	5	(20)	8	(35)	13

¹ Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

² Each percentage has been calculated according to the relevant N

Statistically significant differences

³ Chi square = 32.54 p < .01

⁴ Chi square = 28.60 p < .01

TABLE 19: COMMUNITY OF RESIDENCE BY THE TYPE OF ACTIVITIES WITH WHICH ASSISTANCE WAS RECEIVED

(Number and Percentage)**

<u>Activities</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
<u>In The Home</u>	N=168		N=148		N=265		N=265	
Light Housework	(17)	10	(18)	12	(32)	12	(32)	12
Heavy Housework	(38)	23	(40)	27	(61)	23	(75)	28
Making Tea	(6)	4	(2)	1	(7)	3	(5)	2
Meal Preparation	(9)	5	(6)	4	(15)	6	(10)	4
Laundry	(14)	8	(16)	11	(27)	10	(28)	11
House Repairs	(24)	15	(23)	16	(25)	11	(38)	17
Climbing Stairs	(6)	4	(3)	2	(11)	4	(4)	2
Mobility At Home	(1)	1	(1)	1	(4)	2	(3)	1
Using the Phone	(2)	1	(5)	3	(5)	2	(8)	3
Mending	(6)	4	(4)	3	(9)	3	(7)	3
<u>Activities Outside Of The Home</u>								
Yardwork	(59)	36	(51)	37	(70)	30	(55)	26
Shopping	(19)	11	(22)	15	(45)	17	(47)	18
Going out in 1 Good Weather	(3)	2	(1)	1	(9)	3	(9)	3
Going Out In Bad Weather	(7)	4	(5)	3	(22)	9	(25)	10
2 Banking	(6)	4	(17)	12	(23)	9	(19)	7
Paying Bills Financial Assistance	(5)	3	(17)	12	(16)	6	(17)	6
	(1)	1	(3)	2	(9)	3	(8)	3
<u>Personal</u>								
Getting In And Out Of Bed	(0)	0	(1)	1	(3)	1	(6)	2
Bathing	(1)	1	(5)	3	(9)	3	(8)	3
Dressing	(1)	1	(2)	1	(3)	1	(3)	1
Cutting Toenails	(12)	7	(18)	12	(21)	8	(26)	10
Taking Medication	(1)	1	(2)	1	(7)	3	(7)	3

1 Chi Square = 8.42 P < .05

2 Chi Square = 9.47 P < .05

** Each percentage has been calculated according to the relevant N

TABLE 20: COMMUNITY OF RESIDENCE BY THE PERCENTAGE OF TOTAL ASSISTANCE PROVIDED BY VARIOUS SOURCES

<u>ASSISTANCE PROVIDER</u>	<u>COMMUNITY</u>			
	<u>RURAL</u>	<u>PENETANG/ BROCKVILLE</u>	<u>S.S. MARIE/ WINDSOR</u>	<u>TORONTO</u>
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
Daughter	19%	21%	13%	18%
Son	9%	11%	17%	8%
Other Family Member	15%	17%	22%	27%
Spouse	16%	16%	17%	16%
Neighbour/ Friend	13%	8%	9%	7%
Community Agency	4%	0%	4%	1%
Paid Help	23%	26%	17%	23%
Other	1%	1%	1%	0%
Total	100%	100%	100%	100%

TABLE 21: COMMUNITY OF RESIDENCE BY POTENTIAL PROVIDER
OF ASSISTANCE IF RESPONDENTS NEEDED HELP DEALING
WITH THE OLD AGE SECURITY AGENCY

(Number and Percentage)

POTENTIAL PROVIDER OF ASSISTANCE	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Child	(45)	27	(34)	23	(76)	29	(71)	27
Spouse	(6)	4	(24)	16	(16)	6	(31)	12
Other Relative	(7)	4	(12)	8	(16)	6	(21)	8
Neighbour/ Friend	(5)	3	(7)	5	(9)	3	(13)	5
Community Group	(47)	28	(25)	17	(82)	31	(28)	11
Don't Know	(27)	16	(25)	17	(35)	14	(63)	24
Other	(31)	18	(21)	14	(30)	11	(36)	13
Total*	(168)	100	(148)	100	(264)	100	(263)	100

*3 missing observations

TABLE 22: COMMUNITY OF RESIDENCE BY POTENTIAL PROVIDER
OF ASSISTANCE IF RESPONDENTS NEEDED HELP GETTING
TO A MEDICAL CLINIC

(Number and Percentage)

<u>POTENTIAL PROVIDER OF ASSISTANCE</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Child	(52)	31	(45)	30	(108)	41	(66)	25
Spouse	(27)	16	(34)	23	(41)	16	(55)	21
Other Relative	(19)	11	(9)	6	(20)	7	(23)	9
Neighbour/ Friend	(57)	34	(31)	21	(38)	14	(44)	17
Taxi	(5)	3	(17)	12	(33)	12	(36)	13
Other	(8)	5	(12)	8	(25)	10	(40)	15
Total*	(168)	100	(148)	100	(265)	100	(264)	100

Chi square = 66.09 p < .01

*1 missing observation

TABLE 23: COMMUNITY OF RESIDENCE BY POTENTIAL PROVIDER OF ASSISTANCE IF RESPONDENTS HAD THE FLU AND NEEDED HELP

(Number and Percentage)

<u>POTENTIAL PROVIDER OF ASSISTANCE</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Child	(41)	24	(32)	22	(72)	27	(57)	22
Spouse	(70)	42	(73)	49	(104)	39	(87)	33
Other Relative	(16)	10	(9)	6	(21)	8	(39)	15
Neighbour/ Friend	(14)	8	(7)	5	(24)	9	(27)	10
Community Group	(15)	9	(18)	12	(31)	12	(30)	11
Other	(12)	7	(9)	6	(12)	5	(24)	9
Total*	(168)	100	(148)	100	(264)	100	(264)	100

Chi square = 26.86 $p < .05$

*2 missing observations

TABLE 24:

COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS
WOULD SEEK COMMUNITY SERVICES IF THEY HAD AN
ACCIDENT AND NEEDED SOMEONE TO BATHE THEM EVERY DAY

(Number and Percentage)

SERVICES TO BE SOUGHT

COMMUNITY

	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(41)	25	(37)	25	(74)	28	(71)	27
Other	(126)	75	(111)	75	(190)	72	(193)	73
Total*	(167)	100	(148)	100	(264)	100	(264)	100

*3 missing observations

TABLE 25: COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS
WOULD SEEK COMMUNITY SERVICES IF THEY WERE UPSET
OR DEPRESSED AND NEEDED HELP

(Number and Percentage)

SERVICES TO BE SOUGHT

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(8)	5	(3)	2	(13)	5	(4)	2
Other	(160)	95	(145)	98	(252)	95	(260)	98
Total*	(168)	100	(148)	100	(265)	100	(264)	100

*1 missing observation

TABLE 26: COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY RAN OUT OF FOOD, IT WAS SNOWING AND THEY NEEDED HELP TO GET TO THE GROCERY STORE

(Number and Percentage)

SERVICES TO BE SOUGHT

COMMUNITY

	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(2)	1	(7)	5	(4)	2	(5)	2
Other	(166)	99	(141)	95	(257)	98	(258)	98
Total*	(168)	100	(148)	100	(261)	100	(263)	100

*6 missing observations

TABLE 27: COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY DID NOT HAVE ENOUGH MONEY TO COVER A LARGE BILL

(Number and Percentage)

SERVICES TO BE SOUGHT

COMMUNITY

	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(5)	3	(8)	6	(14)	5	(7)	3
Other	(163)	97	(140)	94	(243)	95	(255)	97
Total*	(168)	100	(148)	100	(257)	100	(262)	100

*11 missing observations

TABLE 28:

COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS
WOULD SEEK COMMUNITY SERVICES IF THEY HAD A PROBLEM
WITH THE OLD AGE SECURITY CHEQUE AND FELT THEY
NEEDED HELP DEALING WITH THE AGENCY

(Number and Percentage)

SERVICES TO BE SOUGHT

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(33)	20	(21)	14	(58)	22	(19)	7
Other	(135)	80	(127)	82	(206)	78	(244)	93
Total*	(168)	100	(148)	100	(264)	100	(263)	100

*3 missing observations

TABLE 29: COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS
WOULD SEEK COMMUNITY SERVICES IF THEY NEEDED HELP
TO GET TO A MEDICAL APPOINTMENT

(Number and Percentage)

<u>SERVICES TO BE SOUGHT</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(2)	1	(6)	4	(10)	4	(20)	8
Other	(166)	99	(142)	96	(255)	96	(244)	92
Total*	(168)	100	(148)	100	(265)	100	(264)	100

*1 missing observation

TABLE 30: COMMUNITY OF RESIDENCE BY WHETHER THE RESPONDENTS WOULD SEEK COMMUNITY SERVICES IF THEY BECAME SERIOUSLY ILL WITH THE FLU FOR A WEEK AND NEEDED SOMEONE TO HELP TAKE CARE OF THEM AT HOME

(Number and Percentage)

<u>SERVICES TO BE SOUGHT</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Community Services	(15)	9	(18)	12	(31)	12	(30)	11
Other	(153)	91	(130)	88	(233)	88	(234)	89
Total*	(168)	100	(148)	100	(264)	100	(264)	100

*2 missing observations

TABLE 31: COMMUNITY OF RESIDENCE BY NUMBER OF RESPONDENTS REQUESTING ADDITIONAL ASSISTANCE

(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Request Additional Assistance	(32)	19	(37)	25	(51)	19	(86)	32
Do Not Request Additional Assistance	(135)	81	(111)	75	(214)	81	(179)	68
Total*	(167)	100	(148)	100	(265)	100	(265)	100

Chi square = 15.66 p < .01

*1 missing observation

TABLE 32: COMMUNITY OF RESIDENCE BY TYPE OF REQUESTS
FOR ADDITIONAL ASSISTANCE

(Number and Percentage)**

	COMMUNITY							
	RURAL		PENETANG/ BROCKVILLE		S.S. MARIE/ WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
<u>Activities</u> <u>In The Home</u>	N=168		N=148		N=265		N=265	
Light Housework	(5)	3	(12)	8	(14)	5	(22)	8
Heavy Housework	(13)	8	(20)	14	(25)	10	(38)	14
Making Tea	(0)	0	(2)	1	(2)	1	(1)	1
Meal Preparation	(2)	1	(5)	3	(5)	2	(9)	3
Laundry	(5)	3	(2)	1	(3)	1	(4)	2
House Repairs	(11)	7	(9)	6	(18)	7	(22)	9
Climbing Stairs	(1)	1	(1)	1	(2)	1	(6)	2
Mobility At Home	(0)	0	(0)	0	(0)	0	(2)	1
Using the Phone	(0)	0	(1)	1	(1)	1	(3)	1
Mending	(4)	2	(1)	1	(0)	0	(3)	1
<u>Activities Outside</u> <u>Of The Home</u>								
¹ Yardwork	(15)	9	(9)	7	(12)	5	(34)	16
Shopping	(4)	2	(3)	2	(7)	3	(13)	5
Going out in Good Weather	(0)	0	(0)	0	(1)	1	(2)	1
Going Out In Bad Weather	(2)	1	(2)	1	(6)	2	(9)	4
Banking	(1)	1	(1)	1	(1)	1	(6)	2
Paying Bills	(2)	1	(0)	0	(0)	0	(2)	1
Financial Assistance	(0)	0	(1)	1	(3)	1	(3)	1
<u>Personal</u>								
Getting In And Out Of Bed	(0)	0	(1)	1	(0)	0	(2)	1
Bathing	(0)	0	(0)	0	(1)	1	(1)	1
Dressing	(0)	0	(0)	0	(0)	0	(1)	1
² Cutting Toenails	(7)	4	(5)	3	(7)	3	(21)	8
Taking Medication	(0)	0	(0)	0	(0)	0	(1)	1

¹ Chi Square = 17.55 $P < .01$

² Chi Square = 9.26 $P < .05$

** Each percentage has been calculated according to the relevant N

TABLE 33: COMMUNITY OF RESIDENCE BY INTEREST EXPRESSED
IN VARIOUS HOUSING ARRANGEMENTS

(Number and Percentage)⁶

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u> N=168	<u>%</u>	<u>(N)</u> N=148	<u>%</u>	<u>(N)</u> N=265	<u>%</u>	<u>(N)</u> N=265	<u>%</u>
Moving In With Family ¹	(21)	14	(26)	19	(45)	18	(43)	18
Moving In With Friends ²	(3)	2	(4)	3	(8)	3	(9)	4
Staying Home With Community Services To Assist ³	(99)	64	(73)	54	(145)	60	(152)	64
Staying Home With Family/ Friends To Assist ⁴	(86)	55	(74)	51	(138)	55	(126)	52
Supportive Housing Arrangement ⁵	(118)	73	(100)	70	(164)	65	(168)	68

1 79 missing observations

2 49 missing observations

3 80 missing observations

4 54 missing observations

5 44 missing observations

6 Each percentage is calculated according to the relevant N

TABLE 34: COMMUNITY OF RESIDENCE BY PRINCIPAL MODE OF TRANSPORTATION USED TO GO SHOPPING

(Number and Percentage)

<u>MODE OF TRANSPORTATION</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Walk	(30)	19	(22)	15	(26)	10	(87)	33
Drive Self	(80)	50	(77)	54	(117)	46	(72)	29
Driven by Spouse	(17)	11	(20)	14	(25)	10	(27)	11
Driven by Relatives	(25)	15	(15)	11	(41)	16	(20)	8
Driven by Friends	(6)	4	(2)	1	(7)	3	(3)	2
Taxi	(0)	0	(6)	4	(7)	3	(3)	1
Public Transportation	(1)	1	(0)	0	(27)	11	(38)	15
Other	(0)	0	(1)	1	(1)	1	(2)	1
Total*	(159)	100	(143)	100	(251)	100	(252)	100

*41 missing observations

TABLE 35: COMMUNITY OF RESIDENCE BY PRINCIPAL MODE OF
TRANSPORTATION USED TO GO TO MEDICAL APPOINTMENTS

(Number and Percentage)

MODE OF
TRANSPORTATION

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Walk	(30)	19	(22)	15	(17)	7	(41)	16
Drive Self	(76)	48	(76)	52	(112)	43	(65)	25
Driven by Spouse	(16)	10	(20)	14	(24)	9	(26)	10
Driven by Relatives	(26)	17	(17)	11	(40)	15	(30)	12
Driven by Friends	(4)	2	(1)	1	(7)	3	(8)	3
Taxi	(0)	0	(7)	5	(17)	7	(12)	5
Public Transportation	(1)	1	(2)	1	(39)	15	(69)	27
Other	(5)	3	(1)	1	(2)	1	(5)	2
Total*	(158)	100	(146)	100	(258)	100	(256)	100

*28 missing observations

TABLE 36: COMMUNITY OF RESIDENCE BY PRINCIPAL MODE OF TRANSPORTATION USED TO GO TO SOCIAL ACTIVITIES

(Number and Percentage)

<u>MODE OF TRANSPORTATION</u>	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Walk	(24)	17	(16)	14	(23)	10	(23)	10
Drive Self	(76)	54	(70)	59	(105)	47	(75)	33
Driven by Spouse	(16)	11	(17)	14	(20)	9	(28)	12
Driven by Relatives	(14)	10	(6)	5	(36)	16	(24)	10
Driven by Friends	(10)	7	(5)	4	(17)	8	(20)	9
Taxi	(0)	0	(4)	3	(3)	1	(4)	2
Public Transportation	(1)	1	(1)	1	(19)	8	(54)	23
Other	(0)	0	(0)	0	(1)	1	(1)	1
Total*	(141)	100	(119)	100	(224)	100	(229)	100

*133 missing observations

TABLE 37: COMMUNITY OF RESIDENCE BY REPORTS OF TRANSPORTATION PROBLEMS RELATED TO MEDICAL APPOINTMENTS

(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Transportation Problems Reported	(5)	3	(13)	9	(5)	2	(17)	7
No Transportation Problems Reported	(159)	97	(134)	91	(254)	98	(244)	93
Total*	(164)	100	(147)	100	(259)	100	(261)	100

Chi square = 12.67 $p < .01$

*15 missing observations

TABLE 38: COMMUNITY OF RESIDENCE BY USE OF TAXIS

(Number and Percentage)

USE OF
TAXIS

COMMUNITY

	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Used Taxis	(12)	7	(55)	37	(88)	33	(117)	44
Did Not Use Taxis	(156)	93	(93)	63	(177)	67	(148)	56
Total	(168)	100	(148)	100	(265)	100	(265)	100

Chi square = 67.49 p < .01

TABLE 39: COMMUNITY OF RESIDENCE BY USE OF PUBLIC TRANSPORTATION
(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Used Public Transportation	(54)	32	(35)	24	(116)	44	(220)	83
Did Not Use Public Transportation	(114)	68	(112)	76	(149)	56	(45)	17
Total*	(168)	100	(147)	100	(265)	100	(265)	100

Chi square = 181.41 p < .01

*1 missing observation

TABLE 40: COMMUNITY OF RESIDENCE BY REQUESTS FOR ASSISTANCE WITH TRANSPORTATION

(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Requested Assistance	(31)	19	(39)	27	(34)	13	(51)	19
Did Not Request Assistance	(135)	81	(108)	73	(225)	87	(213)	81
Total*	(166)	100	(147)	100	(259)	100	(264)	100

Chi square = 11.35 p < .05

*10 missing observations

TABLE 41: COMMUNITY OF RESIDENCE BY TYPE OF TRANSPORTATION ASSISTANCE REQUESTED

(Number and Percentage)

	<u>COMMUNITY</u>							
	<u>RURAL</u>		<u>PENETANG/ BROCKVILLE</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Financial Assistance With Taxis	(3)	10	(10)	26	(9)	27	(23)	47
Person to Drive or Assist	(6)	20	(9)	24	(14)	40	(10)	21
Public Transportation Improvements	(18)	60	(10)	26	(14)	12	(6)	12
Special Transportation Vehicle	(1)	3	(6)	16	(2)	6	(2)	4
Other	(2)	7	(3)	8	(5)	15	(8)	16
Total	(30)	100	(38)	100	(34)	100	(49)	100

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.
2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Differences By Marital Status With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.
13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.
15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

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In Ontario call toll free 1-800-268-7540; or, from area code 807 ask the Operator for Zenith 6-7200.

APPENDIX

GLOSSARY

- Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occurring by chance.
- Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).
- Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.
- Community Agency/Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.
- Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.
- Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.
- Dependent Variable: the outcome or determined condition in a relationship between two or more variables.
- Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)
- Frail: reports of three or more disabilities was the basis for defining a person as frail.

- Frequencies:** descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.
- Friendly Visiting:** a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.
- G.I.S.:** Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.
- GAINS-A:** Ontario provincial income supplement for senior citizens.
- Health Care System:** family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.
- Home Care:** a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.
- Independent Variables:** the determining condition in a relationship of two or more variables.
- Institutional Settings:** nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.
- Instrument:** the tool used to gather data; in this case the tool was an interview schedule.
- Interfering Health Conditions:** health conditions identified by a physician which the respondents consider to interfere with their day to day activities.
- Interview Schedule:** the questionnaire used by the interviewer to ask questions and record information.

- Leisure Activity:** an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.
- Mean (\bar{X}):** the sum of all the observations divided by the number of observations.
- Missing Observations:** instances in which the information is not available for a particular question.
- Multiple Response:** a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.
- OARS ADL Scale:** specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).
- Old Age Security Data Base:** a complete listing of all persons aged 62+ who receive the Old Age Security Pension and those who receive Spouses' Allowance.
- Paid Help:** distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.
- Personal Care Activities:** activities such as bathing, dressing and getting in and out of bed.
- Pretest:** the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously
Married:

individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample:

a process for sample selection in which every element in the population is given an equal chance of being picked.

Representativeness:

the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.:

a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS:

Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample:

part of the population at large, selected for study.

Sample Frame:

the base from which a sample is drawn, i.e., list of names.

Significant
Differences:

determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single:

persons who have never been married or are not living common-law.

Social Contacts:

visits with friends and family or in person.

Socio-Economic:

characteristics frequently used to measure social status such as educational level or income.

Stratified Sample:

a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements:

a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau:

Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable:

refers to a particular characteristic of the sample being considered.

Volunteer:

a person who gives his/her time to a particular cause or organization without pay.

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(OARS Questionnaire)

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OF ONTARIO



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**ELDERLY
RESIDENTS
IN ONTARIO**



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ELDERLY RESIDENTS IN ONTARIO:
THEIR PARTICIPATION AS VOLUNTEERS
AND THEIR INTEREST IN VOLUNTEERISM

Minister for Senior Citizens Affairs
Seniors Secretariat
September, 1985

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This report is part of a series on the USCO project. The study has involved a variety of individuals, groups and government departments at many levels. The eclectic nature of the study necessitated a variety of resources and it is apparent that the study has benefitted from such support.

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Finally, this study could never have been accomplished without the co-operation of the 846 persons whom we interviewed. I only hope that this study sensitively and accurately represents their experience.

Arlene Hoffman, Ph.D.
Research Consultant

SUMMARY

The subject of this paper is the volunteer participation and the untapped potential for volunteering of the 846 persons interviewed for the USCO survey. The findings revealed that over one-quarter (27%) of the respondents had been doing volunteer work at the time of the interview. The largest proportion (33%) of volunteers resided in the rural areas. Volunteers were least likely to be found in Pentanguishene/Brockville (23%).

The persons most likely to participate in volunteer work were between the ages of 62 to 74, with monthly incomes exceeding \$999, with thirteen or more years of education and of Jewish or British background. Men and women were equally engaged in volunteer activities.

Twenty-nine percent of the persons who did volunteer work stated that they would like to do more than they had already been doing. Fully 22% of the persons who were not doing volunteer work voiced an interest in becoming involved. A profile of the latter group reveals that they were most likely to reside in Toronto, to be between the ages of 62 to 74, to be divorced or separated, to be of Jewish background, and to have nine to twelve years of education. The proportion of men who expressed an interest in becoming involved as volunteers almost equalled the proportion of interested women.

The respondents were asked about the type of volunteer work they would be interested in doing for fellow seniors. More than one-half of the persons who reported interest in doing volunteer work stated they were willing to make telephone calls and/or do shopping. Forty percent or more of those interested in volunteering said they would be willing to assist with banking, reading, writing letters, transportation and/or going to social activities. Close to one-third (31%) said they would help out with fixing things around the house and/or preparing food.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey.¹ The principal objective of the survey was to systematically examine the living situation of persons 62 years of age and older who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the Province. The areas include five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to explore the involvement and interest of the 846 respondents in volunteer activities. Central to this examination is a delineation of the characteristics of the persons who are involved in volunteer work and/or who are interested in becoming involved. A discussion is included on the type of activities the respondents are interested in doing.

Coupled with the focus of social policies on improved services and in light of growing economic constraints has been the interest of an increasing number of persons in both the private and public sectors on the potential of volunteers. Carter (1975) discussing the potential role of volunteers in the public sector, states:

Social policies that have been developed at the municipal, provincial and federal levels reflect continuing concerns with providing improved services. The private agencies and the work of volunteers are seen as an important adjunct to the public sector although... the perceived roles are changing. Government departments now recognize that volunteers provide worthwhile services, and are expanding to encourage volunteer work in public agencies...such efforts are still in the beginning stages, but seem to reflect recognition by government that it cannot, by itself, achieve all it would like to by way of providing human services (pp. 2-3).

The potential role of volunteers is difficult to evaluate in view of the fact that information has not been systematically collected on volunteers or voluntary organizations. Carter maintains that "...in order to forecast the kinds and levels of support that might be needed for the future..." (p.3) a solid data base on volunteers is critical. This data base should contain

¹ Refer to the Appendix for a list of other papers in USCO series.

information on persons who are presently volunteers and should provide a basis for documenting untapped potential. Carter suggests that the type of questions one should be able to answer in using this a data base would include:

...Who does not give but would if they were asked? What would they do or give?...If such a potential does exist, what are the characteristics of the groups in that pool? Are they to be found in one region of the country rather than another? And are there differences between rural and urban populations? (Carter, 1975, p.8).

This paper concentrates on the volunteer participation and the untapped potential for volunteering of one specific group of persons: those aged 65 and over. With the increasing interest in community-based services for seniors and the belief that seniors can play a significant role in helping each other, the role of this age group in the voluntary sector and its potential role are worthy of exploration.

2. THE PARTICIPATION AND INTEREST OF THE RESPONDENTS IN VOLUNTEER ACTIVITIES

At the time of the interview, slightly more than one-quarter (27%, n=228) of the respondents were participating in volunteer work. Across geographical areas, the proportion of persons who volunteered varied. Table 1 shows that the largest proportion of volunteers resided in the rural areas (33%, n=55) and the smallest proportion resided in Penetanguishene/Brockville (23%, n=34). Noteworthy is the eight percentage point difference between the proportion of respondents who were volunteers in the urban areas (25%, n=171) and the proportion of volunteers in the rural areas (33%, n=55).

Participation in volunteer activities differed significantly across age groups. The older respondents were less likely than the younger respondents to work as volunteers. Table 2 shows that volunteer work was done by (31%, n=153) of the persons aged 62 to 74 compared to sixteen percent (n=10) of the persons aged 85+.

No significant differences were found by sex with respect to volunteer work. Twenty-seven percent of both sexes participated.

The persons most likely to be volunteers had monthly incomes exceeding \$999. The mean monthly income of volunteers was \$800-999 compared to a mean monthly income of \$600-799 for non-volunteers. Table 3 illustrates that volunteers comprised 36% (n=107) of persons whose monthly income exceeded \$999 and 23% (n=50) of persons whose monthly income fell below \$600.

Persons who did volunteer work had more years of formal education than persons who did not volunteer. Whereas, volunteers had a mean of nine to twelve years of formal education, non-volunteers had a mean of eight years or less. Volunteers comprised 44% (n=60) of the respondents who had thirteen or more years of education in comparison to nineteen percent (n=64) of persons who had eight years or less. (See Table 4).

Ethnic group differences were found in volunteer participation. Table 5 illustrates that the most frequent participants were the Jewish and British respondents. The respondents of French origin were least likely to participate.

More than one-quarter (29%, n=66) of the persons who did volunteer work said they would like to do more than they had already been doing. Twenty-two percent (n=135) of those who had not done volunteer work stated that they would like to become involved.

The respondents who had not done volunteer work, but who wanted to participate had a number of distinguishing characteristics. They were likely to be residents of Toronto (27%, n=51) and likely to be between the ages of 62 to 74. Interest in volunteerism was expressed by 28% (n=90) of the persons between the ages of 62 and 74 and thirteen percent (n=7) of those aged 85+.

The percentage of men (21%, n=52) who voiced an interest in becoming volunteers closely corresponded to the proportion of women (23%, n=79) who showed an interest. Divorced or separated (38%, n=9) respondents showed more of an interest in doing volunteer work than married persons (23%, n=71), widowed persons (23%, n=47) or single persons (18%, n=7).

A comparison across ethnic groups of the proportion of persons who wanted to become involved in volunteer work reveals that most interest was expressed by those of Jewish background (36%, n=4) followed by the French (29%, n=26), the Canadians (24%, n=6) the British (23%, n=72) and the other Europeans (14%, n=14).

It was reported previously that the respondents most likely to be engaged in volunteer work had monthly incomes exceeding \$999. Noteworthy is the finding that no differences across income groups were found to distinguish those persons who wanted to become volunteers.

The persons who expressed interest in becoming volunteers were distinguished by their educational level. Table 6 shows that the largest proportion of persons to indicate an interest had nine to twelve years of education. In contrast, the persons most likely to be currently involved in volunteer work had thirteen or more years of formal schooling.

The respondents who were not currently involved in volunteer work but, who expressed an interest in becoming involved and those who stated that they wanted to do more volunteer work than they had already been doing were asked to indicate the reasons for not doing the volunteer work that they had wanted. Table 7 illustrates that the two most frequent reasons reported were health problems (34%, n=66) and being too busy (28%, n=56). Of significance was the finding that twelve percent (n=27) said they were not sure how to go about getting involved in volunteer work.

In order to get an understanding of the type of volunteer activities the respondents were interested in doing, the respondents were read a list of twelve activities and were asked to indicate if they would or would not be interested in helping fellow seniors with each of the activities. When asked in this manner, a total of 59% (n=485) of the respondents indicated an interest in assisting with at least one activity. Among the persons who were already working as volunteers or who had voiced an interest in becoming volunteers 75%, (n=266) indicated at least one activity of the twelve for which they would be interested. Almost one-half of these individuals (49%, n=139) said they would be interested in up to six activities. (See Table 8).

Table 9 shows the type of activities in attracting the interest of persons who were already volunteering or who were interested in becoming volunteers. Over one-half (55%, n=197) said they would be willing to make telephone calls and/or do shopping (51%, n=181). Between forty and fifty percent said they would be willing to help out with banking, reading, writing letters, transportation and/or going to social activities. Close to one-third (31%, n=108) indicated an interest in fixing things around the house and/or preparing food. The least popular activity was housework with only 20% (n=72) reporting an interest.

Of the 266 persons who expressed an interest in doing volunteer work and who said they would help out with one or more of these activities, the majority (73%, n=192) was between the ages of 62 and 74. Two percent (n=6) were aged 85 and over. Slightly over one-half (55%, n=143) were females. Contrary to the myth that volunteerism is primarily a "female activity", 45% (n=117) of the men showed an interest in being involved in these activities.

Most (59%, n=156) of the persons who indicated a willingness to do the type of volunteer work presented were married. Close to one-third (30%, n=79) were widowed and less than ten percent (6%, n=17) were single. The largest proportion of persons (65%, n=171) were of British origin; eleven percent (n=29) were French and twelve percent (n=31) were other Europeans.

Almost one-half (47%, n=120) of the persons willing to partake in these activities had monthly incomes exceeding \$999. Close to one-fifth, (19%, n=49) however, had monthly incomes falling below \$600.

Most (47%, n=120) of the interested persons had nine to twelve years of education. Twenty-four percent (n=61) had thirteen years or more and 29% (n=76) had less than nine years.

The expressed interest in volunteering differed across communities and ranged from a low of 25% (n=64) in Sault Ste. Marie/Windsor to a high of forty percent (n=68) in the rural communities (Cookstown, Athens, Bruce Mines). Approximately one-third of the respondents in Penetanguishene/Brockville (32%, n=47) and Toronto (33%, n=86) voiced interest.

3. CONCLUSION

This paper has concentrated on the participation and interest in volunteer work by the 846 older persons interviewed for the USCO survey. In Canada, very little research has focused on volunteers and volunteerism. The most extensive Canadian study on volunteers was conducted by Carter (1975) for the Canadian Council on Social Development. The study was carried out in five economic regions across Canada: the Atlantic Provinces, Quebec, Ontario, the Prairies and British Columbia. The sample consisted of persons fourteen years of age and over from the five regions for a total sample size of 1,200 persons. Seventy-eight percent of the sample was drawn from urban areas and 22% came from rural communities. As Carter's study is the most comprehensive examination of volunteers across Canada, the findings provide an interesting comparison with the findings in the USCO study.

Traditionally, Carter states that the volunteer has been pictured as a "bored middle-aged housewife, with time on her hands, lots of money and a zealous desire to do good". This depiction was not borne out in the Canada-wide survey. Among the fifty percent of the sample who were involved in volunteer work, forty-five percent were men. All ages were represented among the volunteers, a large number under the age of 25 (n=16%), and a substantial number over the age of

60 (15%). Contrary to popular myth, the volunteers did not come exclusively from middle class families; 48% had family incomes of less than \$12,000 annually. Carter found few status differences (income, educational background) to distinguish the persons who did volunteer work. She reported that approximately sixteen percent of the persons who had not done volunteer work were planning to get involved.

The findings of the USCO study revealed that 27% of the respondents were involved in some sort of volunteer activity. This percentage was twelve percent higher than the percentage of volunteers within the same age group in the Canada-wide study. Of special interest in the USCO study is the finding that sixteen percent of the persons aged 85+ did volunteer work.

Like Carter's findings, the findings in the USCO study revealed the frequent involvement of men in volunteer activities. In the USCO study, women were not more involved in volunteer work than men: 27% of both sexes participated.

In contrast to Carter's findings that few socio-economic differences distinguished the persons who did volunteer work, in the USCO study significant differences by socio-economic grouping were found. Volunteers in the USCO study had a higher monthly income (mean income - \$800-999) than persons who did not do volunteer work (mean income - \$600-799). Volunteers in the USCO survey also had more years of formal education (mean - nine to twelve years) than non-volunteers (mean - eight or less).

The USCO study revealed the existence of an untapped potential of volunteers. Twenty-nine percent of those who were already volunteering wanted to do more than they had been doing and 22% of the persons who were not doing volunteer work wanted to become involved. The type of assistance these individuals expressed an interest in providing varied.

In one paper developed from the USCO survey, namely, Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance the requests the respondents have for additional assistance are documented. In this paper documentation has been provided to indicate the quantity of untapped resources potentially available to assist older persons with these activities. What is now required are decisions as to whether, to what extent and/or how these untapped resources should be mobilized. Some of the questions that remain to be answered include:

1. What, if any, should be the role of volunteers in providing older persons with assistance in day to day activities?

2. If volunteers are considered appropriate for these activities, should the voluntary associations be within the public or private sectors?
3. What type of assistance to seniors can and/or should be relegated to volunteers?
4. What are the most appropriate methods for recruiting, training, recognizing and evaluating volunteers?

The results of this study provide strong evidence to suggest the interest of seniors in assisting fellow seniors with activities they find difficult to accomplish. What remains to be explored are the most appropriate means by which the goodwill and the talents of the persons who want to do volunteer work can be utilized.

TABLE 1: NUMBER AND PERCENTAGE OF RESPONDENTS
WHO DID VOLUNTEER WORK BY GEOGRAPHICAL
AREA

<u>GEOGRAPHICAL</u> <u>AREA</u>	<u>RESPONDENTS WHO DID</u> <u>VOLUNTEER WORK</u>	
	<u>(N)</u>	<u>%</u>
Cookstown/Athens/ Bruce Mines	(55)	33
S.S. Marie/Windsor	(70)	28
Toronto	(67)	26
Penetang/Brockville	(34)	23

TABLE 2:

AGE GROUP OF RESPONDENTS BY
WHETHER THEY DID VOLUNTEER WORK
(NUMBER AND PERCENTAGE)

	AGE					
	62 - 74		75 - 84		85+	
	(N)	%	(N)	%	(N)	%
Did Volunteer Work	(153)	31	(62)	23	(10)	16
Did Not Do Volunteer Work	(335)	69	(209)	77	(53)	84
Total*	(488)	100	(271)	100	(63)	100

*14 Missing Observations

Chi Sq = 10.83 P < .01

TABLE 3: MONTHLY INCOME OF RESPONDENTS BY WHETHER
THEY DID VOLUNTEER WORK
(NUMBER AND PERCENTAGE)

	MONTHLY INCOME							
	\$000 - \$599		\$600 - \$799		\$800 - \$999		\$1000+	
	(N)	%	(N)	%	(N)	%	(N)	%
Did Volunteer Work	(50)	23	(25)	22	(34)	24	(107)	36
Did Not Do Volunteer Work	(165)	77	(90)	78	(108)	76	(192)	64
Total*	(215)	100	(115)	100	(142)	100	(299)	100

*65 Missing Observations

Chi Sq. = 14.78 P < .01

TABLE 4: RESPONDENTS' YEARS OF FORMAL EDUCATION
BY WHETHER THEY DID VOLUNTEER WORK
(NUMBER AND PERCENTAGE)

	YEARS OF FORMAL EDUCATION					
	0 - 8		9 - 12		13+	
	(N)	%	(N)	%	(N)	%
Did Volunteer Work	(64)	19	(98)	31	(60)	44
Did Not Do Volunteer Work	(282)	81	(221)	69	(78)	56
Total*	(346)	100	(319)	100	(138)	100

*33 Missing Observations

Chi Sq. = 33.28 P < .01

TABLE 5:
ETHNIC BACKGROUND OF RESPONDENTS
BY WHETHER THEY DID VOLUNTEER WORK
(NUMBER AND PERCENTAGE)

	ETHNIC BACKGROUND				
	Canadian	British	French	Jewish	Other
	$\frac{(N)}{(N)} \frac{\%}{\%}$	$\frac{(N)}{(N)} \frac{\%}{\%}$	$\frac{(N)}{(N)} \frac{\%}{\%}$	$\frac{(N)}{(N)} \frac{\%}{\%}$	$\frac{(N)}{(N)} \frac{\%}{\%}$
Did Volunteer Work	(9) 26	(143) 31	(18) 16	(5) 31	(16) 27
Did Not Do Volunteer Work	(26) 74	(318) 69	(94) 84	(11) 69	(43) 73
Total*	(35) 100	(461) 100	(112) 100	(16) 100	(59) 100

*16 Missing Observations
Chi Square = 10.88 P < .05

TABLE 6: RESPONDENTS' YEARS OF FORMAL EDUCATION
BY THEIR INTEREST IN BECOMING INVOLVED
IN VOLUNTEER WORK
(NUMBER AND PERCENTAGE)

	NUMBER OF YEARS OF FORMAL EDUCATION							
	0	-	8	9	-	12	13+	
	(N)		%	(N)		%	(N)	%
Wanted to Become Involved in Volunteer Work	(48)		18	(67)		31	(17)	22
Did Not Want To Do Volunteer Work	(222)		82	(147)		69	(60)	78
Total*	(270)		100	(214)		100	(77)	100

*38 Missing Observations

Chi Square = 12.25 P < .01

TABLE 7: REASONS FOR NOT DOING VOLUNTEER WORK
 (NUMBER AND PERCENTAGE)

<u>REASONS</u>	<u>(N)</u>	<u>%</u>
Health Problems	(66)	34
Too Busy	(56)	28
Not Sure How To Go About It	(24)	12
No Transportation	(11)	6
Lazy	(10)	5
Family Health Problems	(6)	3
Too Old	(6)	3
Too Expensive	(4)	2
Other	(14)	7
TOTAL	(197)	100

TABLE 8:

NUMBER OF VOLUNTEER ACTIVITIES OF INTEREST
TO RESPONDENTS WHO WERE ALREADY WORKING
AS VOLUNTEERS OR WHO WERE INTERESTED
IN VOLUNTEERING
(NUMBER AND PERCENTAGE)

<u>NUMBER OF ACTIVITIES</u>	<u>RESPONDENTS</u>	
	<u>(N)</u>	<u>%</u>
0	(90)	25
1 - 3	(58)	16
4 - 6	(81)	23
7 - 9	(86)	24
10 - 12	(41)	12
TOTAL*	(356)	100

*5 Missing Observations

TABLE 9:

INTEREST EXPRESSED IN DOING VARIOUS
TYPES OF VOLUNTEER WORK BY PERSONS
WHO WERE CURRENTLY DOING VOLUNTEER WORK
OR WHO WERE INTERESTED IN VOLUNTEERING
(NUMBER AND PERCENTAGE)

<u>ACTIVITY</u>	<u>PERSONS WHO EXPRESSED INTEREST</u>	
	<u>(N)</u>	<u>(%)</u>
Making Telephone Calls	(197)	55
Shopping	(181)	51
Banking	(173)	49
Reading	(167)	47
Writing Letters	(153)	44
Transportation	(153)	44
Going to Social Activities	(144)	41
Taking Medication	(124)	35
Fixing Things Around House	(108)	31
Preparing Food	(108)	31
Yardwork	(82)	23
Housework	(72)	20

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.
2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Differences By Marital Status With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.
13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.
15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

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Toronto, Ontario
M7A 1N8

In Ontario call toll free 1-800-268-7540; or, from area code 807 ask the Operator for Zenith 6-7200.

APPENDIX

GLOSSARY

- Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occurring by chance.
- Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).
- Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.
- Community Agency/Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.
- Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.
- Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.
- Dependent Variable: the outcome or determined condition in a relationship between two or more variables.
- Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)
- Frail: reports of three or more disabilities was the basis for defining a person as frail.

<u>Frequencies:</u>	descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.
<u>Friendly Visiting:</u>	a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.
<u>G.I.S.:</u>	Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.
<u>GAINS-A:</u>	Ontario provincial income supplement for senior citizens.
<u>Health Care System:</u>	family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.
<u>Home Care:</u>	a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.
<u>Independent Variables:</u>	the determining condition in a relationship of two or more variables.
<u>Institutional Settings:</u>	nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.
<u>Instrument:</u>	the tool used to gather data; in this case the tool was an interview schedule.
<u>Interfering Health Conditions:</u>	health conditions identified by a physician which the respondents consider to interfere with their day to day activities.
<u>Interview Schedule:</u>	the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean (\bar{X}): the sum of all the observations divided by the number of observations.

Missing Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security Data Base: a complete listing of all persons aged 62+ who receive the Old Age Security Pension and the Spouse's Allowance.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously
Married:

individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample:

a process for sample selection in which every element in the population is given an equal chance of being picked.

Representativeness:

the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.:

a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS:

Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample:

part of the population at large, selected for study.

Sample Frame:

the base from which a sample is drawn, i.e., list of names.

Significant
Differences:

determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single:

persons who have never been married or are not living common-law.

Social Contacts:

visits with friends and family or in person.

Socio-Economic:

characteristics frequently used to measure social status such as educational level or income.

Stratified Sample:

a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing
Arrangements:

a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau:

Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable:

refers to a particular characteristic of the sample being considered.

Volunteer:

a person who gives his/her time to a particular cause or organization without pay.

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Carter, Novia, Volunteers: The Untapped Potential.
Ottawa: The Canadian Council on
Social Development, 1975.

UNITED SENIOR CITIZENS
OF ONTARIO



MINISTER FOR
SENIOR CITIZENS AFFAIRS
SENIORS SECRETARIAT

A24N
SD 30
BSE71

Social Contacts



**ELDERLY
RESIDENTS
IN ONTARIO**



CA20W
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**ELDERLY RESIDENTS IN ONTARIO:
SOCIAL CONTACTS, PROVIDERS OF ASSISTANCE AND REQUESTS
FOR ADDITIONAL ASSISTANCE**

**Minister for Senior Citizens Affairs
Seniors Secretariat
September, 1985**

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This report is part of a series on the USCO project. The study has involved a variety of individuals, groups and government departments at many levels. The eclectic nature of the study necessitated a variety of resources and it is apparent that the study has benefitted from such support.

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My many thanks to Millie Oake for her careful typing of this manuscript.

Finally, this study could never have been accomplished without the co-operation of the 846 persons whom we interviewed. I only hope that this study sensitively and accurately represents their experience.

Arlene Hoffman, Ph.D.
Research Consultant

SUMMARY

The focus of this paper is on the social contacts maintained by the respondents and the role of these contacts in the provision of assistance.

The findings of the study revealed that the majority of respondents had regular social contacts with both family members and friends. Almost all of the respondents (99%) had contact with at least one family member and over two-thirds had contact with six or more family members.

The majority (57%) of the respondents were married. The likelihood of being married was greater for persons between the ages of 62 to 74 than for those who were older, and greater for men than for women. Most (82%) of the respondents had children and almost two-thirds (62%) had two or more children. Women reported fewer children than men and were more likely than men to report no offspring.

The respondents' most frequent social contacts were by telephone. Close to one-third (32%) of the respondents had phone contact with a family member every day and a further 47% had phone contact with family one to six times per week. Nine percent of the respondents were in contact by phone with family less than once per month or not at all. The most frequent phone contact with family members was maintained by women and by the youngest respondents. Two percent of the respondents indicated that although they had family, they neither visited nor had phone contact with them.

The respondents' contacts with friends, like those with family members, were most frequently by telephone. Two-thirds of the respondents were in phone contact with friends at least once per week. Nine percent maintained no phone contact with friends. The most frequent contact was maintained by the younger respondents and the women in the sample.

The significant role played by family members and friends in assisting the older persons with day to day activities was underlined in this study. Family members and friends provided the respondents with 74% of the assistance they received. Family members alone accounted for 65% of the assistance. The single most frequent provider of assistance was children (28%), particularly daughters (17%). Spouses accounted for 15% of the assistance and other family members accounted for 22%.

The respondents received over one-half (59%) of all assistance from persons who did not reside with them. For both "activities in the home" and "activities outside of the home", the majority of assistance (62% and 57% respectively), was provided by persons outside of the household. Seventy percent of all assistance with personal care activities was provided by persons within the household.

Twenty-four percent of the respondents requested additional assistance. The largest number of requests were for assistance with activities in the home (heavy housework, house repairs and light housework); activities outside of the home (yardwork and shopping); and personal care activities (cutting toenails).

The persons who had requests for additional assistance were compared to those who had no requests irrespective of whether they received assistance. Contrary to expectation, no significant differences among groups were found when the recipient's age, contacts with children or frequency of contacts with family members and friends were considered. However, marital status, sex and number of interfering health conditions of the respondents significantly discriminated among groups. The persons least likely to voice requests for assistance were single, and the persons most likely to voice requests were widowed, divorced or separated. Women were more likely to indicate requests for additional assistance than men. Requests for additional assistance were also made more frequently by the persons with a greater number of interfering health conditions.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey¹. The principal objective of the survey was to systematically examine the living situation of elderly persons who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the Province. These areas include five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

This report explores the social contacts maintained by the respondents and the role of these contacts in provision of assistance. Requests for additional assistance are considered. The information presented derives from face to face interviews, and is based on self-reports.

2. SOCIAL CONTACTS

Within recent years a growing body of gerontological research has been devoted to identifying the factors associated with the ability of older persons to remain outside of institutional settings. This research has concentrated on the requirements of persons 65 and over, and the means by which the requirements are met. These studies have pointed to the significant role of the older persons' social contacts in assisting them to remain within their own homes.

A consistent finding in this literature is that family members, with supplemental assistance from friends and neighbours help older persons in carrying out the majority of activities of daily living and offer support in times of crisis and/or illness. (Pihlblad et al, 1975; Powers and Bultena, 1974; Shanas, 1979; Sussman, 1977; Shanas and Maadox, 1976; Atchley, 1980; Lowenthal and Robinson, 1976.) Shanas (1979) has suggested that five to ten percent of all older persons residing outside institutional settings require some assistance in the home and that approximately 80% of this assistance is provided by family and friends.

In light of this literature and in light of our interest in understanding the factors associated with the maintenance of older persons within their own homes, the social contacts significant to the respondents were explored. For purposes of this investigation social contacts are being defined as contacts with family members and friends by telephone and in person. The type and quantity of contacts are being considered.

¹ Refer to the Appendix for a list of other papers in this series.

Almost all (99%, n=835) of the respondents indicated contact with at least one family member. The mean number of family contacts per respondent was six. Over two-thirds (68%, n=574) of the respondents had contact with six or more family members. The number of contacts maintained did not vary statistically by the age or sex of the respondents.

More than one-half (57%, n=470) of the respondents were married and living with a spouse. Men (79%, n=276) were more likely to be married than women (40%, n=188). Persons between the ages of 62-74 had the greatest likelihood of being married. Sixty-six percent (n=326) were married compared to 47% (n=127) of persons aged 75-84 and 24% (n=15) of persons 85+.

The majority (82%, n=687) of the 846 respondents reported having children. Twenty percent (n=163) had one child; 23% (n=196) had two children; sixteen percent (n=131) had three children and 23% (n=197) had four or more children. No significant differences were found across age groups with respect to the number of children reported. However, differences between the sexes were found such that women reported less children than men. Table 1 shows that women were more likely than men to report no offspring. Twenty-one percent (n=97) of the women compared to fourteen percent (n=51) of the men did not have children. Forty-five percent (n=158) of the men compared to 35% (n=166) of the women had three or more children. Sixty-four percent (n=257) of the respondents had daughters and 65% (n=537) had sons.

In addition to spouses and children, the respondents identified their contacts with siblings. Fifty-four percent (n=449) had contact with a sister and forty-nine percent (n=401) had contact with a brother.

The frequency of contacts maintained by the respondents with members of their family was highly associated with the type of contact they maintained. The most frequent contact was maintained over the telephone. Almost one-third (32%, n=259) of the respondents were in contact with a family member everyday and a further 47% (n=386) were in contact with a family member between one and six times per week. Six percent (n=46) of the respondents had phone contact with family members less than once per month and a further three percent (n=22) had no phone contact.

Significant differences between men and women and among age groups were found in the frequency of phone contact maintained with family members. Table 2 shows that women had more frequent phone contact with family members than men. Thirty-eight percent (n=174) of the women compared to 24% (n=83) of the men were in contact by phone with a family member every day. Eighty-three percent (n=383) of the women and 74% (n=254) of the men were in phone contact with a family member at least once per week.

The frequency of phone contact with family members decreased as age of the respondents increased. Table 3 illustrates that persons who were in phone contact with family members a minimum of once per week comprised 81% (n=396) of the respondents aged 62-74, 77% (n=204) of the persons aged 75 to 84 and 71% (n=43) of those aged 85+.

Almost one-half (48%, n=391) of the respondents were visited by a member of the family a minimum of once per week. A further 28% (n=226) were visited one to three times per month. Six percent (n=50) of the respondents were never visited or visited less than once per year.

The respondents visited family members less frequently than they were visited by them. Over one-third (35%, n=284) of the respondents visited family members at least once per week. An additional one-third (31%, n=255) visited family one to three times per month. Noteworthy is the finding that just over ten percent (11%, n=90) never visited family or visited them less than once per year. Age group differences were found in the frequency of visits. Table 4 illustrates that as the individuals aged, the frequency with which they visited family decreased. Twenty-two percent (n=13) of the respondents 85+ never visited family members.

Two percent (n=13) of the respondents indicated that although they had family, they neither visited nor had phone contact with them. An additional two percent (n=16) of the respondents were in contact with family members less than once per month.

Like family contacts, contacts with friends were measured by the frequency of telephone conversations and visits. The respondents were in most frequent contact with their friends over the telephone. Two-thirds of the respondents (n=556) were in phone contact with a friend at least once per week. Over one-third (26%, n=216) spoke to a friend by phone every day. Eight percent (n=62) of those interviewed were in contact with friends less than once per month and nine percent (n=71) had no phone contact.

Age and sex differences were found in the frequency of phone contact maintained with friends. Table 5 shows that women were in phone contact with friends more frequently than men. Thirty percent (n=162) of the women compared to fifteen percent (n=51) of the men were in phone contact with friends every day. Twenty-three percent (n=82) of the men compared to eleven percent of the women (n=50) had either no phone contact with friends or contact less than once per month. The younger respondents had more frequent telephone contact with friends than the older respondents. Phone contact with friends at least once per week was maintained by just over one-half (53%, n=32) of the persons aged 85 and over compared to 72% (n=350) of persons aged 62-74. See Table 6.

The majority of the respondents reported being visited by friends. Almost three-quarters (72%, n=600) were visited at least once per month. Over one-third were visited a minimum of once per week. Ten percent, (n=83) however, were never visited or visited less than once per year. The older respondents were visited by friends somewhat less frequently than the younger respondents. Table 7 shows that close to three-quarters (74%, n=363) of persons 62-74 were visited at least once per month, compared to two-thirds (n=41) of the persons aged 85+. Persons who were never visited by friends or who were visited less than once per year comprised sixteen percent (n=10) of the 85+ age group and seven percent of the 62-74 age group.

Visits to friends were almost as frequent as visits from friends. One-third (n=275) visited friends one or more times per week. An additional one-third (n=276) visited friends one to three times per month. It is important to note that four percent (n=32) of the respondents visited friends less than once per year and a further fourteen percent (n=117) never visited friends.

The younger respondents visited friends more frequently than the older respondents. Table 8 illustrates that persons who visited friends one or more times per week comprised 36% (n=175) of the 62-74 age group compared to 20% (n=12) of the 85+ group. Over one-third (37%, n=32) of the persons aged 85+ never want to visit friends.

Four percent (n=29) of the respondents indicated that although they had friends they never visited nor had contact with them.

3. PROVIDERS OF ASSISTANCE

The discussion in the previous section pointed to the fact that the majority of the respondents have family members and friends and maintain regular contact with them. In this section we will discuss the extent to which these individuals provide the respondents with the assistance they receive.

The table below indicates the sources of assistance used by the respondents. Noteworthy is the finding that 74% of all assistance received by the respondents was provided by either a family member or a neighbour/friend. Family members alone provided the respondents with 65% of all assistance. The single most frequent provider of assistance was children, particularly, daughters. Twenty-two percent of all assistance came from paid help.

Providers of Assistance	Percentage of Total Assistance Provided
1. Children	28
(daughter - 17%)	
(son - 11%)	
2. Other Family	22
3. Paid Help	22
4. Spouse	15
5. Neighbour/Friend	9
6. Community Agency	3
7. Other	<u>1</u>
TOTAL	100

Among the respondents who resided with other persons and who received help 87% (n=358) had help from persons who lived with them and 80% (n=218) received help from persons residing outside of their home.

The characteristics of the respondents who received assistance from persons outside of their household did not differ significantly from the characteristics of the persons who relied exclusively on household members for help.

Table 9 illustrates the residential locations of the assistance providers for each of the activities examined. The majority (59%) of assistance was provided by persons who resided outside of the respondents' household. However, differences were found among activities.

With respect to activities in the home, the respondents received 62% of their assistance from persons who did not reside with them. For seven of the ten activities examined, namely, making a cup of tea, meal preparation, laundry, climbing stairs, mobility at home, using the telephone and mending, the majority of assistance was provided by household members.

Over one-half (57%) of the respondents who received assistance with activities outside of the home received the help from persons who did not reside with them. The majority of respondents who had help with going out of doors, banking and paying bills, received the assistance from persons within their own homes.

Among the respondents who received assistance with personal care activities, 70% received the assistance from household members. The only personal care activity for which a large number of respondents received outside help was toenail cutting.

4. REQUESTS FOR ADDITIONAL ASSISTANCE WITH DAY TO DAY ACTIVITIES

Forty-nine percent (n=415) of the persons interviewed for this study received assistance with one or more of twenty-two day to day activities. Of the persons who received assistance, one-third (n=138) requested additional assistance.

Table 10 illustrates the number of respondents who received assistance with each of the twenty-two day to day activities and the number who requested additional assistance. On an activity by activity basis, we find that additional requests were made by 9% (with activities in the home), 6% (with activities outside of the home) and 8% (with personal care activities) of the respondents who already had assistance.

Among the respondents who received assistance significant differences across age groups were found with respect to whether they requested additional assistance. Table 11 shows that as the respondents increased in age, they were less likely to request additional help.

The likelihood of requesting additional help increased as the number of interfering conditions reported by the respondents increased. Table 12 shows that among the persons who received assistance, the persons who requested additional help comprised 22% (n=17) of those with no interfering conditions compared to 49% (n=44) of those with six or more interfering conditions.

For the sample as a whole, 24% (n=203) requested additional assistance. The persons who requested additional assistance were compared to those who made no requests irrespective of whether they currently received assistance. No significant differences among groups were found when the respondents' age, contacts with children, contacts with daughters, or frequency of contacts with family members and friends were considered. However, marital status, sex and number of interfering conditions did significantly discriminate among groups.

Table 13 shows that the persons least likely to voice requests were single (18%, n=11) and the persons most likely to request additional help were widowed, divorced or separated (29%, n=88).

Women more frequently than men requested additional help. Twenty-nine percent (n=138) of the women compared to 18% (n=65) of the men requested help.

The greater the number of interfering conditions reported by the respondents, the more likely they were to request additional assistance. Table 14 shows that fourteen percent (n=36) of the persons who had no interfering conditions made requests compared to almost one-half (48%, n=55) of the persons who had six or more conditions.

Table 15 shows the type of requests made by the respondents. The largest number of requests were in relation to activities in the home --(heavy housework, house repairs, and light housework); activities outside of the home -- (yardwork and shopping); personal care activities -- (cutting toenails). Nineteen percent (n=159) of the respondents requested additional assistance with activities in the home, 12% (n=100) requested additional help with activities outside of the home and five percent (n=42) of the respondents had requests for additional help with personal care activities.

The persons who requested additional assistance with activities in the home were more likely to be women (22%, n=107) than men (14%, n=51) and more likely to report a greater number of interfering conditions. See Table 16.

Requests for additional help with activities outside of the home were most commonly made by the respondents who had a greater number of interfering health conditions (Table 17) and by persons aged 75-84 (16%, n=44). The respondents aged 85+ (7%, n=4) were least likely to request additional help with activities outside of the home.

Persons who had requested additional help with personal care activities were distinguished from those who did not have these requests by their marital status, their number of interfering conditions, their sex, and their living situation. The individuals who requested additional help were likely to be widowed, divorced or separated (Table 19), to be women (7%, n=32 compared to men 2%, n=9) and to live alone (8%, n=19 compared to persons living with others 4%, n=23).

5. CONCLUSION

This paper has concentrated on the respondents' contacts, their sources of assistance and their requests for additional assistance. The findings of this study point to the instrumental role played by the family members and friends of the respondents in assisting them with day to day activities. Almost three-quarters of all assistance received by the respondents was provided by family members or neighbours/friends. Family members provided 65% of the assistance and neighbours/friends provided nine percent. The most frequent source of assistance (28%) was children, particularly daughters (17%). Fifteen percent of all assistance was provided by spouses. It is noteworthy that community agencies accounted for only three percent of the total assistance.

These findings provide evidence to suggest that persons who are not married, who do not have family members, particularly children, and/or who do not maintain regular contacts with family members and/or friends are at a potentially greater disadvantage in receiving assistance with day to day activities from informal supports (family, friends).

One potentially disadvantaged group consists of persons without spouses (43% of the sample). Women and persons aged 85+ comprise the largest proportion of this group.

Persons without children, are also potentially disadvantaged. Eighteen percent of the respondents fall into this category. Women are more likely than men to report no offspring. They also reported fewer children than men.

The respondents who do not maintain regular contact with family by phone or in person can also be considered potentially disadvantaged. Three percent of the respondents had no phone contact with family and a further six percent had phone contact with family less than once per month. Men and persons aged 85+ were the most likely to be found within these categories.

The respondents who were not visited by family or who were visited infrequently might also be considered potentially disadvantaged. Six percent of the respondents were never visited or visited less than once per year. Neither age nor sex were distinguishing factors in the frequency of family visits.

Another potentially disadvantaged group are the individuals who have limited contact with friends. Seventeen percent of the respondents had phone contact with friends less than once per month or not at all. Men and older respondents comprised the largest proportion of this group. Persons who were never visited by friends or visited less than once per year made up ten percent of the sample. The greatest proportion of these persons were aged 85 and over.

The individuals listed above are potentially disadvantaged in receiving assistance from informal supports in view of the fact that they have fewer social contacts. Because of the significant role informal supports play in the provision of assistance, it might be hypothesized that the number and/or frequency of social contacts maintained would be significantly associated with the fulfillment of assistance requirements and would be reflected in fewer requests for additional help. It is noteworthy that requests for additional help did not differ among groups when contacts with children, contacts with daughters or frequency of contacts with family and friends were considered. The factors that did discriminate among groups were marital status, sex and number of interfering health conditions.

It might also be hypothesized that married persons would have a greater likelihood of having their assistance requirements met because of the immediacy of a "potential" assistance provider and thus, be less likely to request additional assistance. It was interesting to find that single persons were the least likely to request additional assistance.

Women more frequently than men requested additional help. Women who reported fewer children than men were less likely to be married. Because of the significant role children and spouses play in the provision of assistance, the absence of children and spouses might be critical in the needs and consequently, the requests made for additional assistance. These findings serve to remind us that older men and older women cannot be grouped together with the assumption that they have the same requirements or the same resources to assist them when needed.

The significant role played by family members and friends in assisting the older persons with day to day activities has been underlined in this study. However, the relationship between the respondents' social contacts and the requests for additional assistance is by no means clear cut. The maintenance of regular contacts with family members and friends cannot, as this study has shown, guarantee that requests for additional assistance will not be made. In order to better understand the characteristics of social contacts that are associated with a viable support system, other factors require consideration. In this research primary consideration was given to the frequency of contacts and the persons with whom the contacts are maintained. In future research an examination should be made of the nature of the contacts. Branch and Jette (1983) suggest that a delineation be made of the nature of the transactions between the older persons and their social network and the relationship between the nature of the transaction and the receipt of assistance from the social network.

TABLE 1:

NUMBER OF CHILDREN REPORTED BY RESPONDENTS
BY SEX
(NUMBER AND PERCENTAGE)

<u>NUMBER OF CHILDREN</u>	<u>(N)</u>	<u>MEN</u> <u>%</u>	<u>(N)</u>	<u>WOMEN</u> <u>%</u>
0	(51)	14	(97)	21
1	(66)	19	(95)	20
2	(78)	22	(116)	24
3	(64)	18	(64)	14
4+	(94)	27	(102)	21
TOTAL*	(353)	100	(474)	100

*9 Missing Observations

Chi sq. = 9.79 P < .05

TABLE 2:

FREQUENCY WITH WHICH RESPONDENTS WERE
IN TELEPHONE CONTACT WITH FAMILY MEMBERS
BY SEX
(NUMBER AND PERCENTAGE)

<u>FREQUENCY OF</u> <u>TELEPHONE</u> <u>CONTACT</u>	<u>(N)</u>	<u>MEN</u> <u>%</u>	<u>(N)</u>	<u>WOMEN</u> <u>%</u>
Every day	(83)	24	(174)	38
1 - 6 X/Week	(171)	50	(209)	45
1 - 3 X/Month	(57)	16	(46)	10
Less than Once/Month	(19)	6	(27)	6
Never	(15)	4	(7)	1
TOTAL*	(345)	100	(463)	100

*27 Missing Observations

Chi sq. = 24.79 P<.01

TABLE 3: FREQUENCY WITH WHICH RESPONDENTS WERE
IN TELEPHONE CONTACT WITH FAMILY MEMBERS
BY AGE
(NUMBER AND PERCENTAGE)

FREQUENCY OF TELEPHONE CONTACT	Age Group					
	62 - 74		75 - 84		85+	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Everyday	(140)	29	(101)	38	(17)	28
1 - 6X/Week	(256)	52	(103)	39	(26)	43
1 - 3X/Week	(58)	12	(37)	14	(8)	13
Less than Once/Month	(24)	5	(15)	6	(7)	11
Never	(12)	2	(8)	3	(5)	5
TOTAL*	(490)	100	(264)	100	(63)	100

*18 Missing Observations

Chi Square = 17.18 P < .05

TABLE 4: FREQUENCY WITH WHICH RESPONDENTS WENT
TO VISIT FAMILY MEMBERS BY AGE
(NUMBER AND PERCENTAGE)

<u>FREQUENCY OF VISITS</u>	<u>Age Group</u>					
	<u>62 - 74</u>		<u>75 - 84</u>		<u>85+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
1X+ /Week	(183)	37	(89)	34	(11)	18
1 - 3X/Month	(156)	32	(80)	30	(18)	29
1 - 6X/Year	(113)	23	(63)	24	(16)	25
Less than Once/Year	(19)	4	(11)	4	(5)	7
Never	(21)	4	(23)	8	(13)	21
TOTAL*	(492)	100	(266)	100	(63)	100

*14 Missing Observations

Chi Square = 31.05 P < .01

TABLE 5: FREQUENCY WITH WHICH RESPONDENTS WERE IN
TELEPHONE CONTACT WITH FRIENDS BY SEX
(NUMBER AND PERCENTAGE)

FREQUENCY OF TELEPHONE CONTACT	<u>SEX</u>			
	<u>MEN</u>		<u>WOMEN</u>	
	(<u>N</u>)	<u>%</u>	(<u>N</u>)	<u>%</u>
Every day	(51)	15	(162)	34
1 - 6X/Week	(137)	40	(200)	42
1 - 3X/Month	(75)	22	(60)	13
Less than Once/Month	(36)	10	(26)	6
Never	(46)	13	(24)	5
TOTAL*	(345)	100	(472)	100

*19 Missing Observations

Chi Sq. = 61.56 P < .01

TABLE 6: FREQUENCY WITH WHICH RESPONDENTS WERE IN
TELEPHONE CONTACT WITH FRIENDS BY AGE
(NUMBER AND PERCENTAGE)

<u>FREQUENCY OF</u> <u>TELEPHONE</u> <u>CONTACT</u>	<u>62 - 74</u>		<u>AGE GROUP</u> <u>75 - 84</u>		<u>85+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Every day	(136)	28	(69)	26	(11)	18
1 - 6X/Week	(214)	44	(103)	38	(21)	35
1 - 3X/ Month	(80)	16	(47)	17	(10)	16
Less than Once/Month	(31)	6	(21)	8	(10)	16
Never	(30)	6	(31)	11	(9)	15
TOTAL*	(491)	100	(271)	100	(61)	100

*13 Missing Observations
Chi Sq. = 20.37 P < .01

TABLE 7: FREQUENCY WITH WHICH RESPONDENTS WERE
VISITED BY FRIENDS BY AGE
(NUMBER AND PERCENTAGE)

<u>FREQUENCY OF VISITS</u>	<u>Age Group</u>					
	<u>62 - 74</u>		<u>75 - 84</u>		<u>85+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
1 + X/Week	(168)	34	(101)	37	(21)	34
1 - 3X/Month	(195)	40	(93)	34	(20)	31
1 - 6X/Year	(93)	19	(44)	16	(12)	19
Less than 1X/Year	(11)	2	(5)	2	(5)	8
Never	(26)	5	(30)	11	(5)	8
TOTAL*	(493)	100	(273)	100	(63)	100

*7 Missing Observations

Chi Square = 15.78 P < .05

TABLE 8: FREQUENCY WITH WHICH RESPONDENTS
WENT TO VISIT FRIENDS BY AGE
(NUMBER AND PERCENTAGE)

<u>FREQUENCY</u> <u>OF VISITS</u>	<u>AGE GROUP</u>					
	<u>62 - 74</u>		<u>75 - 84</u>		<u>85+</u>	
	(N)	%	(N)	%	(N)	%
1X + /Week	(175)	36	(88)	33	(12)	20
1 - 3X/Month	(181)	37	(84)	31	(9)	15
1 - 6X/Year	(77)	16	(37)	14	(12)	20
Less than Once/Year	(17)	3	(10)	4	(5)	8
Never	(43)	8	(52)	18	(22)	37
TOTAL*	(493)	100	(271)	100	(60)	100

*12 Missing Observations

Chi Sq. = 53.35 P< .01

TABLE 9:

RESIDENCE OF ASSISTANCE PROVIDER
(NUMBER AND PERCENTAGE)

RESIDENCE OF PROVIDER

<u>Activities in The Home</u>	<u>In Respondents' Household</u>		<u>Outside of Respondents' Household</u>		<u>Total</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Light Housework	(68)	40	(101)	60	(169)	100
Heavy Housework	(91)	32	(202)	68	(299)	100
Making a Cup of Tea	(38)	74	(13)	26	(51)	100
Meal Preparation	(58)	68	(27)	32	(85)	100
Laundry	(73)	54	(61)	46	(134)	100
House Repairs	(56)	20	(217)	80	(273)	100
Climbing Stairs	(19)	59	(13)	41	(32)	100
Mobility at Home	(9)	69	(4)	31	(13)	100
Using the Telephone	(21)	91	(2)	9	(23)	100
Mending	(61)	74	(21)	26	(82)	100
<u>Activities Outside of the Home</u>						
Yard Work	(101)	33	(201)	67	(302)	100
Shopping	(80)	47	(90)	53	(170)	100
Going out in Bad Weather	(38)	52	(35)	48	(73)	100
Going Out in Good Weather	(20)	74	(7)	26	(27)	100
Banking	(47)	56	(36)	44	(83)	100
Paying Bills	(49)	60	(33)	40	(82)	100
Financial Assistance	(24)	42	(33)	58	(57)	100
<u>Personal</u>						
Getting In and Out of Bed	(15)	88	(2)	12	(17)	100
Bathing	(23)	77	(7)	23	(30)	100
Dressing	(13)	100	(0)	0	(13)	100
Cutting Toenails	(36)	36	(63)	64	(99)	100
Taking Medication	(18)	86	(3)	14	(21)	100

TABLE 10:

ACTIVITIES WITH WHICH THE RESPONDENTS RECEIVED ASSISTANCE
AND THE REQUESTS FOR ADDITIONAL ASSISTANCE
(NUMBER AND PERCENTAGE)

ACTIVITIES IN THE HOME	TOTAL NUMBER OF RESPONDENTS WHO RECEIVED ASSISTANCE		ASSISTANCE REQUIREMENTS FULFILLED		REQUESTS FOR ADDITIONAL ASSISTANCE AMONG PERSONS WHO RECEIVE ASSISTANCE	
	(N)	%	(N)	%	(N)	%
Light Housework	(99)	100	(84)	86	(15)	14
Heavy Housework	(214)	100	(187)	88	(27)	12
Making a Cup of Tea	(20)	100	(19)	99	(1)	1
Meal Preparation	(40)	100	(39)	99	(1)	1
Laundry	(85)	100	(83)	99	(2)	1
House Repairs	(110)	100	(91)	83	(19)	17
Climbing Stairs	(24)	100	(23)	99	(1)	1
Mobility at Home	(9)	100	(8)	89	(1)	11
Using the Telephone	(20)	100	(17)	89	(3)	11
Mending	(26)	100	(26)	100	(0)	0
ACTIVITIES OUTSIDE THE HOME						
Yard Work	(235)	100	(210)	89	(25)	11
Shopping	(133)	100	(125)	95	(8)	5
Going Out in Good Weather	(22)	100	(21)	95	(1)	5
Going Out in Bad Weather	(59)	100	(53)	90	(6)	10
Banking	(65)	100	(65)	100	(0)	0
Paying Bills	(55)	100	(55)	100	(0)	0
Financial Assistance	(21)	100	(21)	100	(0)	0
PERSONAL						
Getting In and Out of Bed	(13)	100	(10)	77	(3)	23
Bathing	(23)	100	(22)	96	(1)	4
Dressing	(9)	100	(9)	99	(1)	1
Cutting Toenails	(77)	100	(70)	91	(7)	9
Taking Medication	(17)	100	(17)	99	(1)	1

TABLE 11:

NUMBER AND PERCENTAGE OF RESPONDENTS
WHO RECEIVED ASSISTANCE BY AGE GROUP
AND BY WHETHER THESE RESPONDENTS HAD
REQUESTS FOR ADDITIONAL ASSISTANCE

	<u>62 - 74</u>		<u>AGE GROUP</u>		<u>85+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Requests for Additional Assistance	(123)	62	(110)	67	(41)	82
Requests for Additional Assistance	(74)	38	(55)	33	(9)	18
TOTAL*	(197)	100	(165)	100	(50)	100

*3 Missing Observations

Chi Square = 6.85 P < .05

TABLE 12:

NUMBER AND PERCENTAGE OF RESPONDENTS
WHO RECEIVED ASSISTANCE BY THEIR NUMBER
OF INTERFERING CONDITIONS AND BY WHETHER
THEY HAD REQUESTS FOR ADDITIONAL ASSISTANCE

NUMBER OF INTERFERING CONDITIONS

	<u>0</u>		<u>1</u>		<u>2-3</u>		<u>4-5</u>		<u>6+</u>	
	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%
No Requests for Additional Assistance	(61)	78	(48)	74	(76)	68	(44)	64	(46)	51
Requests for Additional Assistance	(17)	22	(17)	26	(36)	32	(24)	36	(44)	49
TOTAL*	(78)	100	(65)	100	(112)	100	(68)	100	(90)	100

*2 Missing Observations
 Chi Sq. = 16.15 P < .01

TABLE 13: MARITAL STATUS OF RESPONDENTS BY WHETHER
THEY HAD REQUESTS FOR ADDITIONAL ASSISTANCE
(NUMBER AND PERCENTAGE)

	<u>MARITAL STATUS</u>					
	<u>Single</u>		<u>Married</u>		<u>Widowed Divorced/ Separated</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Requests for Additional Assistance	(49)	82	(371)	78	(220)	71
Requests for Additional Assistance	(11)	18	(104)	22	(88)	29
TOTAL*	(60)	100	(475)	100	(308)	100

*11 Missing Observations
Chi Sq. = 5.72 P < .05

TABLE 14:

NUMBER OF INTERFERING CONDITIONS OF RESPONDENTS
BY WHETHER THEY HAD REQUESTS FOR ADDITIONAL
ASSISTANCE
 (NUMBER AND PERCENTAGE)

NUMBER OF INTERFERING CONDITIONS

	<u>0</u>		<u>1</u>		<u>2-3</u>		<u>4-5</u>		<u>6+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Requests for Additional Assistance	(213)	86	(132)	81	(165)	76	(73)	69	(59)	52
Requests for Additional Assistance	(36)	14	(30)	19	(51)	24	(32)	31	(55)	48
TOTAL -	(249)	100	(162)	100	(216)	100	(105)	100	(114)	100

Chi Square = 54.09 $P < .01$

TABLE 15:

TYPE OF REQUESTS FOR ADDITIONAL ASSISTANCE
(NUMBER AND PERCENTAGE)

<u>Activities in the Home</u>	(N)	%
Light Housework	(53)	6
Heavy Housework	(96)	11
Making a Cup of Tea	(5)	1
Meal Preparation	(21)	3
Laundry	(14)	2
House Repairs	(60)	8
Climbing Stairs	(10)	1
Mobility at Home	(2)	1
Using the Telephone	(5)	1
Mending	(8)	1
 <u>Activities Outside the Home</u>		
Yard Work	(70)	9
Shopping	(27)	3
Going Out in Good Weather	(3)	1
Going Out in Bad Weather	(19)	2
Banking	(9)	1
Paying Bills	(4)	1
Financial Assistance	(7)	1
 <u>Personal</u>		
Getting In and Out of Bed	(3)	1
Bathing	(2)	1
Dressing	(1)	1
Cutting Toenails	(40)	5
Taking Medication	(1)	1

TABLE 16: NUMBER OF INTERFERING CONDITIONS OF RESPONDENTS
BY WHETHER THEY HAD REQUESTS FOR ADDITIONAL
ASSISTANCE WITH ACTIVITIES IN THE HOME
(NUMBER AND PERCENTAGE)

	<u>NUMBER OF INTERFERING CONDITIONS</u>									
	<u>0</u>		<u>1</u>		<u>2-3</u>		<u>4-5</u>		<u>6+</u>	
	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%
No Requests for Additional Assistance	(222)	89	(140)	86	(177)	82	(76)	73	(71)	62
Requests for Additional Assistance	(27)	11	(22)	14	(39)	18	(28)	27	(43)	38
TOTAL*	(249)	100	(162)	100	(216)	100	(104)	100	(114)	100

*1 missing observation
Chi Sq. = 44.49 P < .01

TABLE 17: NUMBER OF INTERFERING CONDITIONS OF RESPONDENTS
BY WHETHER THEY HAD REQUESTS FOR ADDITIONAL
ASSISTANCE WITH ACTIVITIES OUTSIDE OF THE HOME
(NUMBER AND PERCENTAGE)

	<u>NUMBER OF INTERFERING CONDITIONS</u>									
	<u>0</u>		<u>1</u>		<u>2-3</u>		<u>4-5</u>		<u>6+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Requests for Additional Assistance	(229)	92	(150)	93	(195)	91	(83)	80	(86)	74
Requests for Additional Assistance	(19)	8	(12)	7	(20)	9	(21)	20	(28)	26
TOTAL*	(248)	100	(162)	100	(215)	100	(104)	100	(114)	100

* 3 Missing Observations
 Chi Sq. = 33.09 P. < .05

TABLE 18:

AGE GROUP OF RESPONDENTS BY WHETHER THEY
HAD REQUESTS FOR ADDITIONAL ASSISTANCE
WITH ACTIVITIES OUTSIDE OF THE HOME
(NUMBER AND PERCENTAGE)

	<u>Age Group</u>					
	<u>62 - 74</u>		<u>75 - 84</u>		<u>85+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Requests for Additional Assistance	(451)	90	(231)	84	(58)	93
Requests for Additional Assistance	(52)	10	(44)	16	(5)	7
TOTAL*	(503)	100	(275)	100	(63)	100

*5 Missing Observations

Chi Square = 7.33 P < .05

TABLE 19: MARITAL STATUS OF RESPONDENTS BY WHETHER
THEY HAD REQUESTS FOR ADDITIONAL
ASSISTANCE WITH PERSONAL CARE ACTIVITIES
(NUMBER AND PERCENTAGE)

	<u>Marital Status</u>					
	<u>Single</u>		<u>Married</u>		<u>Widowed/ Divorced/ Separated</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Requests for Additional Assistance	(55)	95	(462)	97	(281)	91
Requests for Additional Assistance	(5)	5	(13)	3	(26)	9
TOTAL*	(60)	100	(475)	100	(307)	100

*4 Missing Observations

Chi Square = 13.93 P < .01

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.
2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Marital Differences With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.
13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.
15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

or, by mail through contacting:

Publications Services
5th Floor, 880 Bay Street
Toronto, Ontario
M7A 1N8

In Ontario call toll free 1-800-268-7540; or, from area code 807 ask the Operator for Zenith 6-7200.

APPENDIX

GLOSSARY

- Chi Square:** a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occurring by chance.
- Cleaning:** a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).
- Coding:** a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.
- Community Agency/Service:** all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.
- Cross Tabulations:** a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.
- Data:** the information gathered in the study. In this project it consists of information gathered from the 846 interviews.
- Dependent Variable:** the outcome or determined condition in a relationship between two or more variables.
- Disability:** the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)
- Frail:** reports of three or more disabilities was the basis for defining a person as frail.

<u>Frequencies:</u>	descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.
<u>Friendly Visiting:</u>	a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.
<u>G.I.S.:</u>	Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.
<u>GAINS-A:</u>	Ontario provincial income supplement for senior citizens.
<u>Health Care System:</u>	family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.
<u>Home Care:</u>	a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.
<u>Independent Variables:</u>	the determining condition in a relationship of two or more variables.
<u>Institutional Settings:</u>	nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.
<u>Instrument:</u>	the tool used to gather data; in this case the tool was an interview schedule.
<u>Interfering Health Conditions:</u>	health conditions identified by a physician which the respondents consider to interfere with their day to day activities.
<u>Interview Schedule:</u>	the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean (\bar{X}): the sum of all the observations divided by the number of observations.

Missing Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security Data Base: a complete listing of all persons aged 62+ who receive the Old Age Security Pension.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously
Married:

individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample:

a process for sample selection in which every element in the population is given an equal chance of being picked.

Representativeness:

the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.:

a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS:

Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample:

part of the population at large, selected for study.

Sample Frame:

the base from which a sample is drawn, i.e., list of names.

Significant
Differences:

determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single:

persons who have never been married or are not living common-law.

Social Contacts:

visits with friends and family or in person.

Socio-Economic:

characteristics frequently used to measure social status such as educational level or income.

Stratified Sample:

a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements:

a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau:

Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable:

refers to a particular characteristic of the sample being considered.

Volunteer:

a person who gives his/her time to a particular cause or organization without pay.

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UNITED SENIOR CITIZENS
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Study Methodology

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**ELDERLY
RESIDENTS
IN ONTARIO**



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ELDERLY RESIDENTS IN ONTARIO: STUDY METHODOLOGY

**Minister for Senior Citizens Affairs
Seniors Secretariat
September, 1985**

ACKNOWLEDGEMENTS

This report is part of a series on the USCO project. The study has involved a variety of individuals, groups and government departments at many levels. The eclectic nature of the study necessitated a variety of resources and it is apparent that the study has benefitted from such support.

A special thank you to the United Senior Citizens of Ontario, specifically to their Research Task Force. They conceived the initial idea and provided assistance in the field co-ordination. Reg Screen and Joyce King (USCO past President and President respectively) must be singled out for their dedication and consistent and continuous support.

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One hundred and twelve volunteers were recruited to do the interviews. Many thanks to these individuals who contributed so generously of their time.

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My many thanks to Millie Oake for her careful typing of this manuscript.

Finally, this study could never have been accomplished without the co-operation of the 846 persons whom we interviewed. I only hope that this study sensitively and accurately represents their experience.

Arlene Hoffman, Ph.D.
Research Consultant

SUMMARY

The United Senior Citizens of Ontario (USCO), an organization representing 250,000 persons conceived the idea of a province-wide study of seniors. For this study they received funding from the New Horizons Program, Health and Welfare Canada. In 1981 the USCO initiated a meeting with the Evaluation Unit, Program Development Branch, Ontario Ministry of Health to ask for research assistance. In view of the growing number of seniors in the province and their potential impact on the health care system, the Ministry of Health agreed to offer the necessary support.

Members of the USCO Research Task Force and staff at the Ministry of Health formulated the study's research objectives. The principal objective set for the study was the gathering of baseline information on the living situation of older persons who reside outside of institutional settings. A comprehensive study was required and information was deemed necessary on recreational participation, social contacts, emergency assistance, ability to carry out activities of daily living (ADLS), receipt of assistance with day to day activities, health status, use of the health care system, transportation use, housing, economic status and demographic characteristics.

In view of the fact that the study was to be province-wide and in light of the type of information desired, it was decided to carry out a survey through face-to-face interviews. To conduct the survey an interview schedule was developed and pretested. It was 58 pages in length with 99 questions and it took approximately one hour to administer. The questionnaire was available in English and French.

The population for the study was persons 62 years of age and older who resided outside of institutional settings in Ontario. Sixty-two years of age is used in this survey as it is the cutoff point for the receipt of the Spouses' Allowance. It was recognized that cost constraints would not allow for a random sample of persons across Ontario and that a more feasible method of sampling would be the surveying of selected communities. The criteria used in the selection of communities were geographical location size, (francophone representation and USCO representation). Using these criteria eight communities were selected for sampling: five urban (Toronto, Windsor, Sault Ste. Marie, Penetanguishene, Brockville) and three rural: Cookstown, Athens and Bruce Mines. A stratified random sample design was used. The population was stratified according to the proportion of persons aged 62+ who resided in communities of comparable size across Ontario.

The sampling frame was the July 1982 list of persons on the Old Age Security data base. This data base, owned by Health and Welfare Canada, is the most complete list of persons aged 65+ in the province. It lists every person aged 65+ in the province who receives the Old Age Security pension plus

1 At the time of the interview, the Spouses' Allowance was only available to persons whose spouse was aged 65+ and in receipt of the Old Age Security pension.

persons 62+ who are in receipt of Spouses' Allowance. The desired number of interviews was 1,000 and it was decided to sample 1,400 persons or 40% more than the number of interviews desired to allow for attrition. The number of persons to be sampled in each location was determined on the basis of the proportion of persons aged 65 and over who resided in communities of similar size in Ontario. A computer generated random sample was drawn by the Ontario Ministry of Health under the supervision of Health and Welfare Canada.

The persons selected in the random sample were sent a letter explaining the study and requesting their involvement. They were provided with a business reply card to indicate their interest in participating. The Income Security Branch at Health and Welfare Canada attempted to phone all persons who did not return the card to encourage their involvement.

The five urban communities chosen for sampling served as the headquarters for the field work. Two members of the USCO residing in each urban community served as the field coordinators. They were responsible for recruiting senior citizens to be volunteer interviewers. The interviewers recruited were trained over a period of three days. Once in the field the interviewers' work was carefully monitored by the researchers. Data collection took approximately three weeks at each field location. At the conclusion of the field work 846 persons were interviewed representing a 60% overall response rate.

Upon completion of the field work, the data was coded, entered into the computer and cleaned. The data was analyzed with the Statistical Package for Social Services (SPSS) computer package. The principal techniques used for the data analysis were cross tabulation, frequencies and multiple response. The association between variables was measured with descriptive statistics.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey.¹ The purpose of this paper is to provide information concerning the methodology employed in carrying out the survey.

It is important that knowledge of a study's methodology be accessible in order that the study conception and the rationale behind the research methods be understood. This paper covers the background and objectives of the study and discusses the process of carrying it out through to its completion.

2. BACKGROUND OF STUDY

The United Senior Citizens of Ontario (USCO), an organization representing 250,000 persons, conceived the idea of a province-wide study of senior citizens. Their interest was in documenting the living situation of senior citizens across Ontario. To carry out the project, they received funding from New Horizons, a program of Health and Welfare, Canada.

In February, 1981, a Task Force of the USCO initiated a meeting with the former Evaluation Unit of the Program Development Branch, Ontario Ministry of Health to ask for assistance with the project. Because of the increasing numbers of elderly persons in Ontario and their potential impact on the health care system, the Ministry of Health agreed to support the project by offering the requested research assistance.

The USCO Task Force and representatives of the Ministry of Health collaborated to define the purpose of the study and the mandate under which the study would be carried out. It was determined that the study would focus on the lives of older persons residing outside of institutional settings² and be a comprehensive examination of their living situation. This focus was largely a response to the absence of baseline information on persons who were not institutionalized. In Ontario much information was already available on the 7-8% of the older population who reside in institutional settings. This information was available largely because it is routinely gathered by government bodies. Little information, however, was found on the 92-93% of the older population who resided outside of institutional settings. The means by which they manage on a day to day basis was virtually unknown.

¹ Refer to Appendix 1 for a description of other papers in this series. Refer to Appendix 7 for a glossary of all terms used in the papers.

² Institutional settings refer to nursing homes, Homes for the Aged, chronic care units in hospitals or chronic hospitals, special care facilities and mental health facilities.

3. OBJECTIVE OF THE STUDY AND RESEARCH QUESTIONS

The principal objective of the survey was a systematic examination of the living situation of elderly persons who reside outside of institutional settings. In order to determine what would be encompassed in the notion of living situation", members of the USCO, together with the staff at the Ministry of Health formulated the following questions to serve as a basis for the research.

A. Recreational Participation

1. What type of activities do older persons participate in during their leisure time?
2. What, if any are the barriers to their participation?
3. What are the characteristics of the persons who report barriers to their participation?

B. Social Contacts

1. What family members are older persons in contact with?
2. What is the frequency of contact between older persons and their family members and friends?
3. Who maintains the most/least frequency contact?

C. Emergency Assistance

1. Who would older persons turn to should they require assistance in an emergency?
2. How do the sources of emergency assistance vary with the characteristics of the older persons?

D. Ability to Carry Out Activities of Daily Living (ADLS)

1. What is the ability of older persons to carry out selected ADLS?
2. How does the ability vary with the characteristics of the older persons?

E. Receipt of Assistance With Day to Day Activities

1. What type of help with day to day activities do older persons receive?
2. What are the characteristics of the persons who receive the help?

3. What are the sources of assistance?
4. What are the characteristics of the persons who use various sources?
5. What is the use by older persons of community agencies?
6. Do older persons feel they could use additional assistance?
7. What are the characteristics of the persons who indicate that they could use more assistance?

F. Health Status

1. What type of health conditions do older persons have?
2. How many older persons have health conditions that interfere with their day to day activities?
3. How do older persons perceive their health to be?

G. Use of the Health Care System

1. What is the use by older persons of family physicians and specialists?
2. How many older persons are hospitalized and for what reason?
3. How does use of the health care system differ among individuals of varying characteristics?

H. Transportation Use

1. What are the modes of transportation used by older persons?
2. How do the modes used differ among individuals of varying characteristics?
3. What are the transportation problems experienced by older persons?
4. What are the characteristics of individuals who report transportation problems?

I. Housing

1. What type of housing do older persons live in?
2. With whom do they live?

3. What, if any, are the housing problems experienced by older persons?
4. If a time comes when additional care is required, what type of housing arrangements would older persons prefer?

J. Economic Situation

1. Do older persons have difficulty making ends meet?
2. If additional money was available, how would older persons spend it?

K. Demographic Characteristics

1. What are the basic demographic characteristics of older persons in the province, i.e., age, marital status, income, sex, ethnic background?

Upon reviewing the research questions, the decision was made to carry out a survey in selected areas across Ontario. A survey was opted for with the belief that it was the most appropriate means to systematically collect a large quantity of data on a large number of persons.

4. DEVELOPMENT OF INSTRUMENT

Once the purpose of the study was determined and it was agreed to carry out a survey, the means of collecting the data was considered. It was felt that the most suitable data collection method was face to face interviews. This method was chosen for the following reasons:

1. The data requirements were extensive and exceeded that which is usually collected through the mail or over the telephone.
2. The nature of the study was complex. The large number of variables being considered demanded that certain questions be tailored to the situation and characteristics of each respondent. For example, some areas would require elaboration, while others would be omitted. It was believed that more accurate information would be obtained in-person than through the mail.
3. Face to face interviews provide a more 'personal' aspect to a survey. For many older persons the concept of research is unclear and unfamiliar and it was felt that interviews would emphasize and clarify the usefulness of the information.
4. The nature of the information being sought would require some sensitive probing and clarification on the part of the interviewer. Probing could only be accomplished through face to face interviews.

5. It was expected that face to face interviews would reduce response bias. Mailed questionnaires or telephone interviews could yield highly variable response rates. Mailed questionnaires are not appropriate for the sight-impaired and are highly dependent on the reading and writing skills of the respondents. Telephone interviews would lose seniors who do not have telephones or who have unlisted telephone numbers or hearing difficulties which impair their use of the telephone.

The USCO Task Force requested that the interviews be conducted by members of their organization. They felt that older persons would be more willing to speak with persons their own age. They also felt that by involving their members in the project, their organization would become more sensitive to the needs of all seniors.

In order to gather information on the many areas that were covered by the research questions an interview schedule had to be developed specific to this project. A number of preliminary steps were taken prior to its development.

- . delineation of the independent and dependent variables;
- . a literature search to determine how these variables had been measured in other studies;
- . review of relevant questionnaires and interview schedules;
- . consultation with pertinent resource persons.

The research questions were analyzed and the independent and dependent variables were identified.

Independent Variables

- . demographic variables
- . social contacts
- . health status

Dependent Variables

- . recreational participation
- . emergency assistance
- . ability to carry out activities of daily living
- . receipt of assistance
- . sources of assistance
- . requests for additional assistance
- . transportation use
- . use of the health care system
- . interest in various housing options

Operational definitions for each variable were created and can be found in the Appendix 2.

Several questionnaires and interview schedules were reviewed to determine possible questions that could be adopted or adapted for the USCO study. Two interview schedules proved particularly useful: the "Older American Resources and Services Program" (OARS) created by the Duke University Center for the Study of Aging and Human Development and the "Massachusetts Health Care Panel Study" used by the Harvard Medical School.

The decision was made to use selected items from the OARS Instrumental and Physical Activities of Daily Living (ADLS) Scale.¹ A number of ADL scales were examined prior to selecting the items used in OARS for inclusion in the USCO interview schedule. Kane and Kane (1981) did a thorough review of ADL scales in their book Assessing The Elderly. They note that among the few instruments suited to large scale administration, the OARS has been the best tested. The OARS ADL questions have been measured for reliability and validity. The correlation coefficient for the physical health and ADL questions is .82. The validity of the OARS ADL questions is argued on the basis of its ability to discriminate among groups. In a random sample of 997 community residents aged 65+, 98 consecutive clients aged 50+ referred to a clinic because of age-related problems and a random sample of 102 persons aged 65+ residing in institutions, the mean ADL scores were significantly different across groups (community $\bar{X}=2.36$, $SD=1.42$, clinic $\bar{X}=3.64$, $SD=1.48$, institution $\bar{X}=5.31$, $SD=.91$). On the basis of these findings Kane and Kane recommend the Physical Functioning and ADL questions used in OARS for community-based assessments when observation is impractical (p. 65).

The "sources of emergency assistance" questions used in the Massachusetts Health Care Panel Study were relevant to the issues being considered in the USCO study and they were included in the interview schedule.²

With the exception of the OARS health and ADL questions and the Massachusetts Health Care Panel "emergency assistance questions", the remaining questions incorporated in the interview schedule were designed specifically for the USCO study. The choice was made to develop a highly structured interview schedule in light of the large number of interviewers to be used and the variety of issues to be considered.

The interview schedule went through four drafts prior to pretesting. During the development of the drafts, the USCO Task Force, the staff at the Ministry of Health and resource persons in the field were consulted with respect to the appropriateness of the questions.

A pretest was designed. It was to have two purposes: first, to test the usefulness of the interview schedule as a tool to obtain the desired information and second, to analyze the structure of the interview schedule for the interviewer to conduct and record the interview.

¹ Refer to Appendix 3 for a list of the OARS items used.

² Refer to Appendix 4 for a list of the "emergency assistance questions".

The pretest was carried out in December, 1981. Eight members of the USCO volunteered as interviewers. A two day training session was held. The interviewers were instructed to interview four to five persons in their local community. In that the interviewers resided in a variety of communities across the province, the interview schedule was tested in both urban and rural areas. In total, 39 interviews were conducted by the USCO members and an additional eight interviews were conducted by the research consultant. Upon comparison of the interviews, a debriefing session was held with the interviewers to review the interviewing experiences. On the basis of the discussions, a number of changes were made in the interview schedule:

- . the length was shortened;
- . additional options and categories were added to increase the descriptive quality of and reliability of the information;
- . in several sections, the structure was altered to insure that the information was recorded accurately;
- . difficult wordings were eliminated;
- . instructions to the interviewers were expanded throughout the interview schedule.

After the pretest, the interview schedule went through three additional drafts. The sections of the interview schedule that were revised were further pretested by the research consultant.

The resulting interview schedule¹ was 58 pages in length, with 99 questions. The administration time was approximately one hour. In view of the fact that a fair representation of francophones was desired, the interview schedule was translated into French.

5. SELECTION OF COMMUNITIES AND DRAWING OF SAMPLE

The population for the study was persons 62 years of age and older who resided outside of institutional settings in Ontario. Sixty-two years of age is used in this survey as it is the cutoff point for the receipt of the Old Age Security Pension. It is interesting to note that only one person between the ages of 62-64 was interviewed.

It was recognized that cost constrictions would not allow for a random sample of persons across Ontario and that a more feasible method of sampling would be the surveying of selected communities. The decision was made to select communities:

- . representing different regions of the Province;
- . of various sizes;
- . with a representative proportion of francophones;
- . with active USCO clubs since the club members would be heavily relied upon for field organization, interviewers, and the recruitment of interviewers.

¹ Refer to Appendix 8 for a copy of the interview schedule.

Eight communities were selected: five urban and three rural. The communities were geographically dispersed in Northern, Southern, Eastern and Central Ontario. The five urban communities were:

<u>Urban Community</u>	<u>Population</u>
Toronto	2,124,290
Windsor	196,525
Sault Ste. Marie	81,050
Brockville	26,880
Penetanguishene	5,460

The three rural communities (population less than 1,000), located adjacent to the urban centres, were Cookstown, Athens and Bruce Mines.¹

A proportional stratified sample design was used. The population was stratified according to the proportion of persons 62+ who resided in communities of comparable size across Ontario.

The sampling frame was the July, 1982 list of persons in the Old Age Security Data Base. This data base, owned by Health and Welfare Canada, is the most complete listing of persons 62 years of age and over in the Province. It lists every person who receives Old Age Security Pension (OAS). In that persons residing in institutions were not to be included in the sample, the addresses of institutions within the respective communities were identified and persons at these addresses were eliminated from the population prior to sampling.

The desired number of interviews was 1,000. It was decided to sample 1,400 persons or 40% more than the number of interviews desired. It is known that surveys of elderly persons traditionally have high attrition rates due to illness, mortality or relocation to institutional settings. An oversampling of 40% was to allow for the attrition rate.

The number of persons sampled at each location was determined on the basis of the proportion of persons 65² and over who resided in communities of comparable sizes in Ontario. The resultant sampling structure is shown on the following table.

¹ Refer to Appendix 5 for the precise location of each community.

² Age 65 is used rather than 62 due to the fact that the only information available on age distribution derives from Statistics Canada.

TABLE 1 SAMPLING STRUCTURE

LOCATION	POPULATION	% DISTRIBUTION OF SENIORS BY SIZE OF TOWN THEY RESIDE IN	% OF INTERVIEWS DESIRED	SAMPLE SIZE
TORONTO	2,124,290	34	340	476
WINDSOR	196,525	22	220	308
SAULT STE. MARIE	81,050	9	90	126
BROCKVILLE	26,880	6	60	84
PENETANG.	5,460	11	110	154
BRUCE MINES	1,000	6*	60	84
ATHENS	1,000	6*	60	84
COOKSTOWN	1,000	6*	60	84
TOTAL:			1,000	1,400

(*18% of all persons 65+ reside in rural areas. In sampling three rural areas 6% (1/3 of 18%) of the total interviews desired (6% of 1,000) or 60 persons were to be interviewed in each rural location.)

Upon determining the sample size a random sample of the specified number of persons in each community was drawn from the Old Age Security Data Base. The sample was computer-generated by the Information Services Branch of the Ontario Ministry of Health under the supervision of the Income Security Branch, Health and Welfare, Canada.

6. OBTAINING CONSENT OF THE RESPONDENTS

Once the random sample of 1,400 names was generated, the next task involved contacting the persons in the sample for interviews. The procedure for making these contacts was strictly supervised by Health and Welfare Canada, the owners of the data base. A letter (in both English and French) introducing the study, outlining its purpose, and asking for the individuals' participation was mailed one month prior to the commencement of the fieldwork in each community. The importance of the study and the confidentiality of the survey procedure were stressed in the letter. Along with the letter, all persons were provided with a business reply card to return and indicate their willingness to participate. The seniors who returned the card indicating their consent were asked to supply their phone number.

¹ Refer to Appendix 6 for copy of the letter.

The project was publicized in each community and the publicity was designed to coincide with the respective mailings. Press releases were included in Especially for Seniors, (the newsletter from the Ontario Advisory Council for Senior Citizens sent to all Ontario seniors receiving OAS), the USCO newsletter, and local newspapers. The mayors/reeves, chiefs of police, and presidents of senior citizens clubs, were contacted to inform them of the project should they receive any questions. It was hoped that "familiarity" with the survey and its objectives would reduce skepticism, stimulate interest and encourage the seniors to consent to participation.

After a two week waiting period, staff at Health and Welfare Canada attempted to call all persons who did not return the business reply card and ask for their consent to participate. The phone calls proved very useful. The number of persons who originally consented to be interviewed exceeded the number who were actually interviewed. Some persons agreed to participate when first contacted, but were not available for interviews because of illness, relocation to an institution or death. All attempts were made to minimize the time between the initial consent and the time of interview in order that the loss of respondents due to a change in circumstances be minimal.

Tabulated below is the number of persons who were ultimately interviewed in each area:

TABLE 2 RESPONSE RATE

<u>AREA</u>	<u>SAMPLE SIZE</u>	<u>NUMBER INTERVIEWED</u>	<u>RESPONSE RATE</u>
Penetanguishene	154	100	65%
Brockville	84	48	57%
Sault Ste. Marie	126	110	87%
Toronto	476	265	56%
Windsor	308	155	50%
Cookstown/Athens/ Bruce Mines	252	168	67%
TOTAL	1,400	846	60%

The overall response rate (the percentage of persons interviewed out of the eligible respondents) was 60%. Marshall (1984) in a review of Canadian surveys of the elderly points out, "...in surveys of the older population, Canadian investigators can expect completion rates in the 40-50% range and response rates in the 60-85% range" (p.8). The response rate within this survey coincided with Marshals' findings.

7. FIELD WORK

The field work was co-ordinated by the research consultant hired by the USCO. Assistance with the field work in the rural areas was provided by a member of the Elderly Unit, Policy Development, Ministry of Community and Social Services. Additional assistance in the field was provided by Ministry of Health personnel.

In total, eight communities were sampled: five urban and three rural. In view of the fact that the three rural communities were located close to three of the urban centres it was possible to carry out the field work in each rural area at the same time as the field work in the adjacent urban site. Consequently, it was possible to reduce the number of field work headquarters from eight to five. The field work headquarters were each of the urban communities: Penetanguishene, Brockville, Sault Ste. Marie, Windsor and Toronto.

7.1 Field Personnel

The USCO was responsible for the recruitment of field personnel. Two members of the organization residing in each of the field work headquarters were asked to be field co-ordinators. Their responsibilities were:

- selection of interviewers and provision of required information concerning the volunteer commitment;
- review of completed questionnaires;
- return of completed questionnaires to the Ministry of Health;
- distribution and collection of interviewers' expense forms;
- ensurance that an adequate number of USCO members were interviewed in addition to the sample for internal USCO purposes;
- organization of facilities for training sessions including space, equipment and food services.

The field co-ordinators were the primary persons involved in recruiting interviewers. The recommended selection criteria for interviewers included:

- persons who were seniors
- good verbal and writing skills
- good health and mobility
- willingness to participate in a three day training session and the completion of approximately ten, one hour interviews over a two week period.

USCO clubs were the primary source of volunteers and when necessary other volunteer agencies and other community organizations were contacted for additional personnel.

7.2 Training The Interviewers

Interviewer training sessions were conducted by the researchers at each field headquarters. It was felt that individual training sessions at each location would be preferable to a province-wide training of interviewers for two reasons: first, training would coincide closely with the actual interviews and therefore, be fresh in the interviewers' minds and second, the number of interviewers to be trained at each session would be fewer to allow for better instruction.

The training sessions lasted for three days. On the first day the volunteers were introduced to the project by a USCO representative and the research consultant. The background of the study was reviewed. An attempt was made to familiarize the volunteers with the purpose and process of research in general and more specifically to generate interest and understanding in the potential usefulness of the project they were to be involved in.

The introduction was followed by a video tape on interviewing produced by the Mathematica Policy Group in Los Angeles. This video proved to be an excellent mode for introducing and displaying the intricacies of interviewing. After the video an interviewers manual designed for the study was reviewed. Each section was read aloud and discussion was encouraged. The manual contained information on the ethics of interviewing, obtaining the respondents' co-operation and conducting the interview.

The following two days of the training session were devoted to practicing the administration of the interview schedule. The principal technique used for the practice was role playing.

On the third and final day of the session, the interviewers were given assignments. They were provided with a list of persons to interview, interview schedules and letters of introduction. They were requested to complete the interviews within a two week period where possible.

7.3 Data Collection

Upon completion of their first interview, each interviewer met with one of the researchers to review the completed interview schedule. The review was done to insure accuracy and to answer any questions posed by the interviewers. Throughout the data collection, the interviewers were closely monitored by the Ministry of Health staff.

The field work commenced in August, 1982. The data collection took approximately three weeks at each of the five field work locations. All completed interview schedules were returned to the Ministry of Health. No interview schedules were lost or unaccounted for.

7.4 Profile of Interviewers

A total of 112 interviewers were used in the study. This number represented 73% of the total volunteers trained. Some persons chose not to participate after the training session.

Of the total number of interviews completed, 80% were conducted by volunteer interviewers. The remaining 20% were done by one of the researchers. The majority of volunteers were over sixty years of age (78%) and were female (73%). The number of interviews completed by each volunteer ranged from one to twenty-two with a mean of 7.5. The commitment and contribution of volunteers to the study was astounding with an estimated 4,000 hours of volunteer time going into the interviews. The interviewers were not paid for their time, but they were compensated for expenses incurred in the interview process.

8. CODING AND CLEANING OF DATA

The coding and cleaning of the data was not initiated until after the complete data collection. In January 1983 a codebook was devised. A total of 598 variables were identified and assigned codes. Codes are developed to translate the information recorded in the interview schedule to the computer. The coding process, whereby codes were assigned to all information recorded, took approximately two months with eight persons coding and one supervisor. The supervisor randomly checked questionnaires and found the incidence of error to be very low. Additional codes were supplied as necessary throughout the process and all open ended questions were recorded verbatim. The data was systematically cleaned with the assistance of the computer to identify any "wild punches" or inappropriate responses.

9. DATA ANALYSIS

In light of the fact that this study was designed to provide baseline data on the 65+ population residing outside of institutional settings, the data analysis was principally descriptive.

The SPSS computer package was employed for the analysis. The primary statistical techniques used for the analyses were cross tabulations, multiple responses and frequencies. The significance of the associations were tested using the chi square, Kendal's Tau and Pearson's correlation. Relationships were considered to be statistically significant at the .05 level.

10. REPRESENTATIVENESS OF SAMPLE

One measure of the reliability of a survey is the degree to which the sample is representative of the total population. The representativeness of the sample was measured by examining the correspondence between the characteristics of the sample and the characteristics of the Ontario population 65 years of age or older. Three characteristics were compared: community representation, age distribution and sex distribution.

Table 3 below shows the percentage of persons 65 and over by the size of the community in which they reside and the close correspondence to the percentage of persons interviewed in each community. Communities have been combined for this analysis after a careful inspection of the data revealed no differences on major variables.

TABLE 3 COMPARISON OF THE SAMPLE TO PERSONS 65 AND OLDER BY SIZE OF COMMUNITY IN THE PROVINCE OF ONTARIO

POPULATION SIZE	*PERCENTAGE DISTRIBUTION OF PERSONS 65+ BY SIZE OF COMMUNITY IN WHICH THEY RESIDE IN ONTARIO 1981	PERCENTAGE OF RESPONDENTS IN THE RESIDING COMMUNITIES OF COMPARABLE SIZE 1982
500,000+	34%	31% (Toronto)
30,000 - 499,000	31%	31% (Sault Ste. Marie Windsor)
1,000 - 29,999	17%	18% (Penetanguishene Brockville)
Less than 1,000	18%	20% (Cookstown/Athen Bruce Mines)

(*Taken from Census Data, Statistics Canada, 1981)

The age distribution of the sample closely resembled the age distribution of persons 65 and over in the province for all study locations. (Refer to the Table 4). Approximately two-thirds of the Ontario population aged 65+ were over the age of 70 in all locations ranging from 65% in the largest urban centres to 69% in the rural communities. The sample followed the same trend; 61% of the Toronto respondents were over 70 and 68% of the rural respondents were over 70.

TABLE 4: Comparison of the Number and Percentage of Persons by Age Group and Location in the Sample and the 1981 Census Data

LOCATION	SAMPLE						CENSUS DATA FOR STUDY SITES**					
	65 - 69		AGE		Total		65 -69		AGE		Total	
	N	(%)	N	(%)	N	(%)	N	%	N	%		
Cookstown/ Athens/Bruce Mines	(53)	32	(111)	68	(164)	100	(140)	31	(315)	69	(455)	100
Penetang./ Brockville	(55)	38	(90)	62	(145)	100	(1180)	34	(2315)	66	(3495)	100
Sault Ste. Marie/Windsor	(102)	39	(159)	61	(261)	100	(11360)	35	(22690)	67	(34050)	100
Toronto	(104)	39	(160)	61	(264)	100	(96155)	35	(177280)	65	(273435)	100
TOTAL	(314)	38	(520)	62	(834)	100	(108835)	35	(202600)	65	(311735)	100

* 12 missing observations

** Source: Table 1, "Census Tracts for Selected Population, Dwelling, Household and Census Family Characteristics for Census Tracts, 1981", Census Tracts Population, Occupied Private Dwellings, Private Households: Census Families in Private Households. Catalog 95-936 Volume 3-Profile Series A.

In the sample women outnumbered men consistent with the percentage differences for people 65 and over in the study communities. Overall, women outnumbered men comprising 58% (n=490) of the total sample. This percentage is consistent with the 1981 Census data for the study sites in which 60% of the population aged 65 and over was female.

11. LIMITATIONS OF STUDY

Despite the very careful sampling in this study, a limitation of this study must be recognized. Due to a stipulation imposed by Health and Welfare, Canada, the researchers were not permitted to do a non-response survey. Consequently, there is no information available on the persons who were included in the sample, but who did not participate. There is no evidence to suggest that the sample was biased towards the healthy senior. Similarly, there is no evidence to the contrary. The face-to-face interview was a precaution taken, in part, to allow for less healthy individuals to be included. The findings of this study, consistent with the findings of other gerontological studies, point to the significant and linear relationships between age and health status and age and level of disability. The respondents in the oldest age group (85+) were found to have the poorest health and the greatest disability. In this study, persons aged 85+ comprised seven percent (n=64) of the sample. For the province as a whole, persons aged 85+ comprised (as of the 1981 census) eight percent (n=72,710) of the 65+ population (n=868,185). Therefore, the sample has a good representation of persons who commonly have the poorest health status and the greatest disability.

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APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.
2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Differences By Marital Status With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.
13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.
15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

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APPENDIX 2

OPERATIONAL DEFINITIONS

A. INDEPENDENT VARIABLES

1. Demographic Variables

- a) Age - year of birth reported compared to date of interview.
- b) Sex - male or female.
- c) Community of residence - community where respondents reside. In this study it referred to one of five urban locations: Brockville, Penetanguishene, Windsor, Sault Ste. Marie, or Toronto, or one of three rural communities: Cookstown, Athens, or Bruce Mines.
- d) Marital status - respondents' responses to question "What is your marital status?" married (including common law), widowed, divorced, separated or single.
- e) Income - respondents' indication of their total monthly income from all sources. If they were married the respondents were asked to specify the joint income of themselves and their spouses. To gather information on income the respondents were presented with a card listing nine monthly income categories ranging from 000-\$199/per month to \$1,600+ with an interval range of \$199 and were asked to indicate where their monthly income fell.
- f) Educational level - number of years of formal education reported by respondents.
- g) Housing situation - type of housing the respondents presently live in (house, apartment, apartment for seniors) housing ownership (own, rent) living mates (lives alone, lives with others).
- h) Ethnic background - respondents' responses to question, what national descent do you consider yourself?

2. Social Contacts

a) Family

1. the number of family members with whom the respondents have contact
2. the frequency with which the respondents talk on the phone with family members (range: every day to never)
3. the frequency with which the respondents go to see family members at their homes (range: more than once a week to never)
4. the frequency with which family members come to visit the respondents in their homes (range: more than once a month to never).

b) Friends

1. the frequency with which the respondents talk on the phone with friends (range: everyday to never)
2. the frequency with which the respondents go to see family members at their homes (range: more than once per week to never).
3. the frequency with which family members come to visit the respondents in their home (range: more than once per week to never).

3. Health

Status - is a composite measure comprised of nine variables. It is measured on the basis of the respondents' self-reports.

- a) Subjective rating of health - respondents' self-rating of overall health -- excellent, good, fair or poor.
- b) Comparison of health with five years previous - respondents' reports of the differences between their current health and their health five years ago -- better, about the same, worse.
- c) Extent to which health conditions stand in the way of doing things persons want to do - respondents' indication of the extent to which their health troubles stand in the way of doing things they want to do -- not at all, a little, a great deal.
- d) Number of health conditions - the total number of health conditions reported by the respondents (based on a list of 31 read to them). The respondents were instructed to indicate a condition if a physician had ever told them that they had the condition.

- e) Type of health conditions - the particular health conditions (out of the 31 read to the respondents) reported by the respondents. The conditions read to the respondents included: arthritis or rheumatism, glaucoma/cataracts, asthma, emphysema or chronic bronchitis, tuberculosis, high blood pressure, heart trouble, circulation trouble in arms or legs, diabetes, ulcers (of the digestive system), other stomach or intestinal disorders or gall bladder problems, liver disease, kidney disease, other urinary tract disorders (including prostate trouble), cancer or leukemia, anemia, stroke, parkinson's disease, epilepsy, cerebral palsy, multiple sclerosis, muscular dystrophy, polio, thyroid or other glandular disorders, skin disorders such as pressure sores, leg ulcers or severe burns, speech impediment or impairment, a serious heart attack, bad nerves, depression (sad and withdrawn), varicose veins or dizziness.
- f) Number of interfering health conditions - the total number of health conditions (of the 31 read to them) which the respondents report interference with their day to day activities. Interference is determined when respondents indicate their conditions interferes a little or a great deal with the activities.
- g) Type of interfering health conditions - the particular type of health conditions, (based on the 31 read to the respondents) reported by the respondents that interfered with their day to day activities.
- h) Mobility - the respondents' reported ability to walk around an average block.
- i) Use of assistive devices - the respondents' use of canes, crutches, walkers, wheelchairs, leg braces, back braces, artificial limbs.

B. DEPENDENT VARIABLES

- 1. Recreational Participation - respondents' participation in 21 leisure activities and the barriers to participation.
 - a) Type of participation - the particular activities in which the respondents participate:
 - 1) gardening
 - 2) clubs
 - 3) theatre
 - 4) attending sports events
 - 5) reading
 - 6) talking on the phone with friends
 - 7) talking on the phone with family
 - 8) visiting friends
 - 9) visiting family
 - 10) receiving visits from friends
 - 11) receiving visits from family

- 12) participating in sports
- 13) play games such as cards, chess, scrabble
- 14) volunteer work
- 15) help out at election time
- 16) travel
- 17) take walks
- 18) going for drives
- 19) handicraft/artistic hobbies
- 20) attend church/synagogue
- 21) entertain

b) Desire for further participation - interest expressed by the respondents in either increasing their participation or starting to participate in any of the 21 activities.

c) Barriers to participation - responses to question, "What is keeping you from participating (or participating as much as you would like?)"

2. Emergency Assistance - respondents' indication of the person or group to whom they would turn for assistance if they:

- 1) were upset, nervous or depressed
- 2) ran out of food when it was snowing and needed help to get to the grocery store
- 3) had an accident and needed someone to bath them everyday
- 4) did not have enough money to cover a large bill
- 5) needed help to get to a doctor's office or clinic
- 6) had a problem with the Old Age Security cheque
- 7) had become seriously ill with the flu for a week and needed someone to help take care of them at home.

3. Ability to Carry Out Activities of Daily Living - respondents' indication of whether they are able to carry out particular activities without help, with some help or if they are unable to carry out the activity. The activities included:

- a) using the telephone
- b) shopping for groceries or clothes
- c) preparing meals
- d) doing housework
- e) handling money
- f) dressing and undressing
- g) taking care of one's own appearance
- h) getting in and out of bed
- i) taking a bath or shower

4. Receipt of Assistance - help received by the respondents with 22 day to day activities.
 - a) Type of Assistance - particular activities with which assistance was received, determined on the basis of the respondents' replies to the question, "During the past year, did a family member, a friend, paid help or a community agency ever assist you with..." The list of 22 day to day activities read to the respondents was:
 - 1) doing light housework (dusting, making beds)
 - 2) doing heavy housework (cleaning floors, windows)
 - 3) making a cup of tea or coffee
 - 4) preparing hot meals
 - 5) shovelling the yard work
 - 6) shopping
 - 7) laundry
 - 8) house or household repairs
 - 9) going up and downstairs
 - 10) getting about the house
 - 11) going out of doors in good weather
 - 12) going out of doors in bad weather
 - 13) getting in and out of bed
 - 14) washing, bathing and grooming
 - 15) dressing and putting on shoes
 - 16) cutting your toenails
 - 17) taking medications
 - 18) using the telephone
 - 19) banking
 - 20) paying your bills
 - 21) financial advice
 - 22) mending clothes
 - b) Reason for assistance - respondents' replies to question, "Why did you receive the assistance?"
 - c) Duration of assistance - respondents' indication of whether the assistance was provided on a regular or a short term basis.
5. Providers of Assistance - sources of assistance used by the respondents for the 22 day to day activities, i.e., family, friends, community agencies, etc. and receipt of assistance within the past year from Visiting Nurses, Red Cross Homemakers, Home Care, Meals on Wheels and Friendly Visiting.
6. Requests for Additional Assistance - respondents' replies to question "Could you use any or any additional assistance?" This question was asked in relation to each of the 22 day to day activities.
7. Transportation Use
 - a) Type of transportation used to go shopping, medical appointments and social/recreational activities - respondents' replies to question, "Please tell me the type of transportation you usually use to go shopping, to medical appointments, to social recreational activities?"

- b) Use of public transportation - respondents' indication of whether they travel by public transit.
 - b1) Receipt of assistance with public transit - frequency (always, sometimes, never) of another individual's assistance when travelling by public transit.
 - b2) Requests for additional assistance with public transit - respondents' replies to question, "Could you use more assistance?"
 - b3) Type of additional assistance with public transit requested - respondents' replies to question "What type of assistance could you use?"
- c) Use of taxis - respondents' indication of whether they travel by taxis.
 - c1) Receipt of assistance with taxis - frequency (always, sometimes, never) of another individual's assistance when travelling by taxis.
 - c2) Requests for additional assistance with taxis - respondents' replies to question, "Could you use more assistance?"
 - c3) Type of additional assistance with taxis requested - respondents' replies to question, "What type of assistance could you use?"
- d) Problems with transportation - respondents' indication that transportation is a problem when going shopping, to medical appointments or to social/recreational activities.
 - d1) Type of transportation problem - respondents' replies to question, "Why is it a problem?" (only asked if problem has been indicated).
- e) Requests for assistance with transportation - respondents' replies to question, "If you could get further assistance with transportation, would you be interested in having that assistance?"
 - e1) Type of transportation assistance requested - respondents' replies to question, "What type of assistance would you be interested in?"

8. Use of the Health Care System - visits to family doctors, specialists and hospitalizations, based on self reports.

a) Family Doctors

- a1) frequency of visits - number of times over the past year family doctor was seen.
- a2) Location of Visits - respondents' indication of where the family doctor is usually seen (own home, hospital clinic, doctor's office, rehabilitation centre).
- a3) Home Visits - respondents' indication of whether the family physician makes home visits.

b) Specialists

- b1) frequency of visits - number of times over the past year specialists were seen.
- b2) location of visits - respondents' indication of where the specialists are usually seen (own home, hospital clinic, doctor's office, rehabilitation centre).
- b3) Home visits - respondents' indication of whether the specialists make home visits.

c) Hospitalizations

- c1) time spent in hospital - number of days over the past year the respondents spent in the hospital.
- c2) number of admissions - number of times over the past year the respondents were admitted to the hospital.
- c3) reason for hospitalization - respondents' replies to question, "Why were you in the hospital?"

9. Interest in Various Housing Options - respondents' replies to question, "If at a future point in your life you find it extremely difficult to take care of your own needs, please tell me if you would or would not be interested in the following housing arrangements..."

- moving in with members of the family
- moving in with friends
- moving into a home for elderly people
- staying at home and having friends come to assist you
- staying at home and having family members come to assist you
- staying at home with community services to assist you
- moving into a housing project where some services are available.

APPENDIX 3

OARS ADL QUESTIONS

1. CAN YOU USE THE TELEPHONE?
 - (1) _____ Without help, including looking up numbers and dialing
 - (2) _____ With some help (can answer phone or dial operator in an emergency, but need help in getting the number of dialing)
 - (3) _____ Or are you completely unable to use the telephone?

2. CAN YOU GO SHOPPING FOR GROCERIES OR CLOTHES (ASSUMING YOU HAD TRANSPORTATION?)
 - (1) _____ Without help (taking care of all shopping needs yourself, assuming you had transportation)
 - (2) _____ With some help (need someone to go with you on all shopping trips)
 - (3) _____ Completely unable to do any shopping

3. CAN YOU PREPARE YOUR OWN MEALS?
 - (1) _____ Without help (plan and cook full meals by yourself)
 - (2) _____ With some help (can prepare some things but unable to cook full meals yourself)
 - (3) _____ Or are you completely unable to prepare any meals

4. CAN YOU DO YOUR HOUSEWORK?
 - (1) _____ Without help (can scrub floors, etc.)
 - (2) _____ With some help (can do light housework but need help with heavy work)
 - (3) _____ Or are you completely unable to do any housework

5. CAN YOU HANDLE YOUR OWN MONEY?

- (1) _____ Without help (write checks, pay bills, etc.)
- (2) _____ With some help (manage day-to-day buying but need help with managing your checkbook and paying your bills)
- (3) _____ Or are you completely unable to handle money

6. CAN YOU DRESS AND UNDRESS YOURSELF?

- (1) _____ Without help (able to pick out clothes, dress and undress yourself)
- (2) _____ With some help
- (3) _____ Or are you completely unable to dress and undress yourself

7. CAN YOU TAKE CARE OF YOUR OWN APPEARANCE, FOR EXAMPLE, COMBING YOUR HAIR AND (for men) SHAVING?

- (1) _____ Without help
- (2) _____ With some help
- (3) _____ Or are you completely unable to maintain your appearance yourself

8. CAN YOU GET IN AND OUT OF BED?

- (1) _____ Without any help or aids
- (2) _____ With some help (either from a person or with the aid of some device)
- (3) _____ Or are you totally dependent on someone else to lift you

9. CAN YOU TAKE A BATH OR SHOWER?

- (1) _____ Without help
- (2) _____ With some help (need help getting in and out of the tub)
- (3) _____ Or are you completely unable to bathe yourself

APPENDIX 4

MASSACHUSETTS HEALTH CARE PANEL STUDY
"EMERGENCY ASSISTANCE QUESTIONS"

1. If you were upset, nervous, or depressed and needed some help, whom would you most likely turn to?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

2. If you ran out of food, it was snowing and you needed help to get to the grocery store, whom would you most likely turn to?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

3. If you had an accident and needed someone to bathe you every day, whom would you most likely turn to?

(1) ____ child

(2) ____ grandchild

(3) ____ spouse

(4) ____ brother/sister

(5) ____ other relative, specify _____

(6) ____ neighbour/friend

(7) ____ member of voluntary service group

(8) ____ community agency

(9) ____ other, specify _____

4. If you did not have enough money to cover a large bill and needed help, whom would you most likely turn to?

(1) ____ child

(2) ____ grandchild

(3) ____ spouse

(4) ____ brother/sister

(5) ____ other relative, specify _____

(6) ____ neighbour/friend

(7) ____ member of voluntary service group

(8) ____ community agency

(9) ____ other, specify _____

5. If you needed help to get to a doctor's office or clinic, whom would you most likely turn to?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

6. If you had a problem with your Old Age Security cheque and felt you needed help dealing with the agency, whom would you most likely turn to help you?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

5. If you needed help to get to a doctor's office or clinic, whom would you most likely turn to?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

6. If you had a problem with your Old Age Security cheque and felt you needed help dealing with the agency, whom would you most likely turn to help you?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

7. If you became seriously ill with the flu for a week and needed someone to help take care of you at home, whom would you most likely turn to?

- (1) ____ child
- (2) ____ grandchild
- (3) ____ spouse
- (4) ____ brother/sister
- (5) ____ other relative, specify _____
- (6) ____ neighbour/friend
- (7) ____ member of voluntary service group
- (8) ____ community agency
- (9) ____ other, specify _____

7.1 How available is this person to help at any particular time if you were sick....

- (1) ____ always available
- (2) ____ often available
- (3) ____ sometimes available
- (4) ____ available on an emergency basis only

APPENDIX 5

MAP OF ONTARIO ILLUSTRATING COMMUNITIES
SAMPLED



●
URBAN

▲
RURAL

- | | |
|--------------------|---------------|
| 1 WINDSOR | 6 COOKSTOWN |
| 2 TORONTO | 7 ATHENS |
| 3 BROCKVILLE | 8 BRUCE MINES |
| 4 SAULT STE. MARIE | |
| 5 PENETANGUISHENE | |



Ontario

- 35 -



Senior Canadian
Magazines à la canadienne

APPENDIX 6

LETTER SENT TO ALL PROSPECTIVE RESPONDENTS

Ministry of Health Ministère de la Santé Program Development Branch
15 Overlea Blvd. 6th Floor
Toronto, Ontario. M4H 1A9
Telephone: 416-965-0935

Project: ONTARIO SENIOR CITIZENS SURVEY
Sponsor: United Senior Citizens of Ontario

Project Coordinator: Stephen Newroth
Research Consultant: Arlene Hoffman

September 1, 1982

Dear

The United Senior Citizens of Ontario (USCO) is undertaking to learn about the experiences of older people living in Ontario from the people themselves. This project is being supported by the New Horizon's Program, Health and Welfare, Canada and the Ontario Ministry of Health. You may have read about it in your newspaper or in the April 30th edition of Especially for Seniors.

You are one of 160 persons 65 years and over in the Brockville area who have been selected by a random process to be interviewed. If you agree to be interviewed, a member of the United Senior Citizens of Ontario will come to your home to talk to you for about 30 minutes.

The only way we can learn about the daily life and thoughts of people is by talking to them. Sometimes people hesitate to be interviewed because they feel their experiences are not important or that their experiences are nothing out of the ordinary. Your activities and experiences are important and we hope you will want to talk about them. What you say will be kept confidential. It will not be identified with you or your name.

Please return the enclosed post card to us. If you agree to be interviewed, someone will contact you to make an appointment.

Thank you in advance for your assistance.

Yours sincerely,

Stephen H. Newroth
Project Development Officer

APPENDIX 7

GLOSSARY

- Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occurring by chance.
- Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).
- Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.
- Community Agency/Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.
- Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.
- Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.
- Dependent Variable: the outcome or determined condition in a relationship between two or more variables.
- Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)
- Frail: reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.: Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

- Leisure Activity:** an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.
- Mean (\bar{X}):** the sum of all the observations divided by the number of observations.
- Missing Observations:** instances in which the information is not available for a particular question.
- Multiple Response:** a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.
- OARS ADL Scale:** specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).
- Old Age Security Data Base:** a complete listing of all persons aged 62+ who receive the Old Age Security Pension and the Spouse's Allowance.
- Paid Help:** distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.
- Personal Care Activities:** activities such as bathing, dressing and getting in and out of bed.
- Pretest:** the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously
Married:

individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample:

a process for sample selection in which every element in the population is given an equal chance of being picked.

Representativeness:

the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.:

a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS:

Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample:

part of the population at large, selected for study.

Sample Frame:

the base from which a sample is drawn, i.e., list of names.

Significant
Differences:

determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single:

persons who have never been married or are not living common-law.

Social Contacts:

visits with friends and family or in person.

Socio-Economic:

characteristics frequently used to measure social status such as educational level or income.

Stratified Sample:

a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements:

a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau:

Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable:

refers to a particular characteristic of the sample being considered.

Volunteer:

a person who gives his/her time to a particular cause or organization without pay.

UNITED SENIOR CITIZENS OF ONTARIO NEEDS ASSESSMENT STUDY

INTRODUCTION

HELLO, MY NAME IS.....
(Refer to making the appointment)

THANKS FOR LETTING US TALK WITH YOU.

WE ARE GATHERING INFORMATION ON SENIOR CITIZENS IN
ORDER TO GAIN A BETTER UNDERSTANDING OF THE NEEDS
OF SENIORS THROUGHOUT ONTARIO.

THIS SURVEY IS SPONSORED AND CONDUCTED BY THE
UNITED SENIOR CITIZENS OF ONTARIO WITH THE
ASSISTANCE OF THE ONTARIO MINISTRY OF HEALTH
AND NEW HORIZONS, A PROGRAM OF HEALTH AND WELFARE
CANADA.

THE UNITED SENIOR CITIZENS OF ONTARIO IS AN) FOR OFFICE
ORGANIZATIION WITH ABOUT ONE THOUSAND CLUBS) USE ONLY
REPRESENTING APPROXIMATELY 250,000 MEMBERS ACROSS) (1-7) 1D
THE PROVINCE. IT HAS A HISTORY WHICH DATES BACK)
30 YEARS.)

THE INFORMATION WE GATHER FROM THIS SURVEY WILL)
HELP THE UNITED SENIOR CITIZENS OF ONTARIO AND) 1-2 1 4
THE MINISTRY OF HEALTH TO PLAN BETTER SERVICES)
FOR THE INCREASING NUMBER OF SENIORS IN THE)
FUTURE.)

IN THE NEXT 45 MINUTES OR SO WE WILL BE TALKING)
ABOUT HEALTH AND THE THINGS YOU DO EVERY DAY.)
WE'LL ALSO BE TALKING ABOUT SOME OF THE THINGS)
THAT CONCERN YOU AS A SENIOR CITIZEN. ALL OF)
THE INFORMATION WE GATHER TODAY IS CONFIDENTIAL.)

DO YOU HAVE ANY QUESTIONS BEFORE WE BEGIN?)

Interviewer fill in:

A. Identification number _____) 3-5 _____
B. Number of interview _____) 6-7 _____
C. Location of respondent's village, town or city) 8-9 0 1
) 10-11 _____

D. Size of village, town or city

(1) _____ rural or under 1,000)
(2) _____ 1,000 - 2,499)
(3) _____ 2,500 - 4,999)
(4) _____ 5,000 - 9,999) 12 _____
(5) _____ 10,000 - 29,999)
(6) _____ 30,000 - 99,999)
(7) _____ 100,000 - 499,999)
(8) _____ 500,000 - 999,999)
(9) _____ over 1 million)

LET ME READ A SHORT PARAGRAPH TO YOU WHICH TELLS A LITTLE BIT ABOUT HOW THIS INTERVIEW IS SUPPOSED TO WORK.

I HAVE A SET OF QUESTIONS THAT I HAVE TO ASK EXACTLY THE WAY THEY ARE WRITTEN. THAT WAY, WE KNOW EVERYONE IN THE STUDY IS ANSWERING THE SAME QUESTIONS AND WE CAN COMPARE THEIR ANSWERS.

FOR MANY QUESTIONS I WILL READ A LIST OF ANSWERS. WHENEVER POSSIBLE YOU SHOULD CHOOSE ONE OF THE ANSWERS I READ WITH THE QUESTION.

IT IS IMPORTANT THAT YOUR ANSWERS BE AS ACCURATE AS YOU CAN MAKE THEM. SO, TAKE TIME, IF YOU NEED IT, TO THINK ABOUT YOUR ANSWERS; AND PLEASE STOP ME IF YOU HAVE ANY QUESTIONS ABOUT THE KIND OF INFORMATION WE WANT.

- | | | |
|---|---|-------------------|
| 1. BEFORE NOW, HAD YOU EVER HEARD OF THE |) | <u>FOR OFFICE</u> |
| ORGANIZATION <u>THE UNITED SENIOR CITIZENS OF</u> |) | <u>USE ONLY</u> |
| <u>ONTARIO?</u> |) | |
| (1) — yes --> |) | 13 — |
| 1.1 ARE YOU PRESENTLY A MEMBER |) | |
| OF THE UNITED SENIOR CITIZENS |) | |
| OF ONTARIO? |) | |
| (1) — yes |) | 14 — |
| (2) — no --> |) | |
| 1.1a WHY AREN'T YOU A |) | |
| MEMBER? (check as |) | |
| many as necessary) |) | |
| (1) — no time |) | |
| (2) — not |) | |
| interested |) | |
| (3) — other, |) | |
| specify |) | |
| _____ |) | |
| _____ |) | 15 — |
| (3) — don't know |) | |
| 1.2 ARE YOU AWARE OF WHAT <u>THE</u> |) | |
| <u>UNITED SENIOR CITIZENS OF</u> |) | |
| <u>ONTARIO</u> ARE DOING FOR SENIORS |) | |
| WITHIN ONTARIO? |) | |
| (1) — yes |) | 16 — |
| (2) — no |) | |
| (2) — no |) | |
| 2. WOULD YOU BE INTERESTED IN KNOWING MORE ABOUT |) | |
| THE UNITED SENIOR CITIZENS OF ONTARIO? |) | |
| (1) — yes |) | 17 — |
| (2) — no |) | |

QUESTIONS FOR U.S.C.O. MEMBERS ONLY

	(1) yes	(2) no	(3) don't know		FOR OFFICE USE ONLY
1. DO YOU FEEL THAT YOU GET ENOUGH INFORMATION FROM:)	
A. THE UNITED SENIOR CITIZENS OF ONTARIO	_____	_____	X	)	18 _____
B. CLUBS WHICH ARE MEMBERS OF THE UNITED SENIOR CITIZENS OF ONTARIO	_____	_____	X	)	19 _____
C. FIELD REPRESENTATIVES	_____	_____	X	)	20 _____
D. ZONE OFFICERS	_____	_____	X	)	21 _____
2. DO YOU KNOW WHO THE FIELD REPRESENTATIVE IS IN YOUR AREA?	_____	_____	X	)	22 _____
3. WHAT DO YOU THINK THE ROLE OF THE FIELD REPRESENTATIVE SHOULD BE? _____				)	23 _____
4. DO YOU KNOW WHO THE ZONE OFFICERS ARE IN YOUR AREA?	_____	_____	X	)	24 _____
5. ARE YOU AWARE THAT YOUR CLUB IS A MEMBER OF A ZONE?	_____	_____	X	)	25 _____
6. DOES YOUR CLUB SEND DELEGATES AND/OR VISITORS TO THE ANNUAL ZONE CONFERENCE OR RALLY?	_____	_____	_____	)	26 _____
7. DOES YOUR CLUB SEND DELEGATES TO THE ANNUAL CONVENTION OF THE UNITED SENIOR CITIZENS OF ONTARIO?	_____ ->	_____	_____	)	27 _____
(If yes to 7....ask 7.1))	
7.1 DO YOUR DELEGATES GIVE A FULL REPORT ON THESE MEETINGS TO THE MEMBERS OF YOUR CLUB?	_____	_____	_____	)	28 _____

QUESTIONS FOR U.S.C.O. MEMBERS ONLY

	(1) <u>yes</u>	(2) <u>no</u>	(3) <u>don't know</u>	) <u>FOR</u>
				) <u>OFFICE</u>
				) <u>USE</u>
				) <u>ONLY</u>
8. DOES THE SECRETARY OF YOUR CLUB PASS ON ALL CORRESPONDENCE FROM THE UNITED SENIOR CITIZENS OF ONTARIO TO MEMBERS OF THE CLUB?	_____	_____ ->	_____	) 29 _____
(If no to 8....ask 8.1))
8.1 WOULD YOU LIKE TO RECEIVE THIS INFORMATION?	_____	_____	_____	) 30 _____
9. DOES YOUR CLUB RECEIVE VISITS FROM:)
A. EXECUTIVES OF THE UNITED SENIOR CITIZENS OF ONTARIO?	_____	_____	_____	) 31 _____
B. FIELD REPRESENTATIVES?	_____	_____	_____	) 33 _____
C. ZONE OFFICERS?	_____	_____	_____	) 35 _____
(If no or don't know to 9A, 9B OR 9C...ask 9.1))
9.1 WOULD YOU BE INTERESTED IN HAVING VISIT YOUR CLUB?)
A. EXECUTIVES OF THE UNITED SENIOR CITIZENS OF ONTARIO?	_____	_____ ->	_____ ->	) 32 _____
B. FIELD REPRESENTATIVES?	_____	_____ ->	_____ ->	) 34 _____
C. ZONE OFFICERS?	_____	_____ ->	_____ ->	) 36 _____
10. ARE YOU AWARE OF THE STAR MEMBERSHIP PROGRAM OF THE UNITED SENIOR CITIZENS OF ONTARIO?	_____ ->	_____	_____ X	) 37 _____
(If yes to 10....ask 10.1))
10.1 ARE ANY MEMBERS OF YOUR CLUB STAR MEMBERS	_____	_____	_____ X	) 38 _____
(If yes to 10.1....ask 10.2))
10.2 ARE YOU A STAR MEMBER?	_____ ->	_____ ->	_____	) 39 _____

QUESTIONS FOR U.S.C.O. MEMBERS ONLY

	(1) <u>yes</u>	(2) <u>no</u>	(3) <u>don't</u> <u>know</u>	) <u>FOR</u>) <u>OFFICE</u>) <u>USE</u>) <u>ONLY</u>
(If no to 10.2...ask 10.2a))
10.2a WHY DID YOU BECOME A STAR MEMBER?)
Specify _____)
)
(If no to 10.2,...ask 10.2b)				) 40 _____
10.2b WHY DID YOU NOT BECOME A STAR MEMBER?)
Specify _____)
)
				) 41 _____
11. HAVE YOU ANY SUGGESTIONS ABOUT WHAT THE UNITED SENIOR CITIZENS OF ONTARIO COULD DO FOR SENIORS IN ONTARIO?	_____ -->	_____	_____	) 42 _____
(If yes to 11....ask 11.1))
11.1 WOULD YOU TELL ME YOUR SUGGESTIONS?				) 43 _____
Specify _____)
)
)
12. HAVE YOU EVER READ A COPY OF THE <u>VOICE</u> ?	_____ -->	_____	_____ X	) 44 _____
(If yes to 12....ask 12.1))
12.1 DO YOU FIND IT INTERESTING?	_____	_____	_____	) 45 _____
(If yes to 12....ask 12.2))
12.2 WHAT WOULD YOU LIKE TO SEE PRINTED IN THE <u>VOICE</u> THAT IS NOT IN IT NOW?)
_____)
_____				) 46 _____

QUESTIONS FOR U.S.C.O. MEMBERS ONLY

	(1) yes	(2) no	(3) don't know	) FOR OFFICE USE ONLY
13. WOULD YOU BE INTERESTED IN CONTRIBUTING AN ARTICLE TO THE VOICE? _____	_____	_____	_____	) 47 _____
14. WOULD YOU APPROVE OF THE EXECUTIVES OF THE UNITED SENIOR CITIZENS OF ONTARIO BEING ELECTED FROM DIFFERENT REGIONS OF THE PROVINCE? _____	_____	_____	_____	) 48 _____
15. WOULD YOU BE INTERESTED IN BECOMING INVOLVED WITH THE UNITED SENIOR CITIZENS OF ONTARIO AS AN AREA REPRESENTATIVE OR A REGIONAL EXECUTIVE? _____	_____	_____	_____	) 49 _____
16. IF REGIONAL ELECTIONS WERE HELD, WOULD YOU VOTE FOR SOMEONE TO REPRESENT YOU IN THE UNITED SENIOR CITIZENS OF ONTARIO? _____	_____	_____	_____	) 50 _____
17. HAVE YOU EVER BEEN TO AN ANNUAL CONVENTION? _____ -->	_____	_____	_____ X	) 51 _____
(If yes to 17....ask 17.1))
17.1 HOW DO YOU FEEL THE ANNUAL CONVENTION COULD BE IMPROVED? _____				) 52 _____
_____)
18. IF YOU WERE NOMINATED BY YOUR CLUB TO ATTEND THE ANNUAL CONVENTION AS A VOTING DELEGATE, WOULD YOU BE INTERESTED IN GOING? _____ -->	_____	_____	_____ -->	) 53 _____
(If yes or don't know to 18....ask 18.1))
18.1 WOULD YOU GO IF YOU DID NOT RECEIVE FINANCIAL ASSISTANCE? _____	_____	_____	_____	) 54 _____

QUESTIONS FOR U.S.C.O. MEMBERS ONLY

) FOR OFFICE
) USE ONLY

19. IN YOUR OPINION WHAT DO YOU THINK SHOULD BE
DONE TO IMPROVE THE EXCHANGE BETWEEN CLUBS?

)
)
)
)
)
) 55 _____

20. WHAT DO YOU THINK THE U.S.C.O. SHOULD DO
TO HELP IMPROVE THE EXCHANGE OF IDEAS
BETWEEN CLUBS?

)
)
)
)
)
) 56 _____

21. WHAT DO YOU THINK THE U.S.C.O. CLUBS SHOULD
DO TO ATTRACT RETIRED PROFESSIONALS
FOR LEADERSHIP AND SERVICE POSITIONS?

)
)
)
)
)
) 57 _____

) FOR OFFICE
) USE ONLY

3. NOW I WOULD LIKE TO ASK YOU ABOUT THE ACTIVITIES IN WHICH YOU PARTICIPATE. I WILL READ A LIST OF ACTIVITIES TO YOU AND YOU TELL ME IF YOU PARTICIPATE IN THEM NOW.

a. DO YOU WORK IN THE GARDEN?

(1) — Yes -->

a.1 WOULD YOU LIKE TO WORK IN THE GARDEN MORE THAN YOU ALREADY DO?

(1) — Yes -->

a.1a WHAT'S KEEPING YOU FROM
WORKING IN THE GARDEN
AS MUCH AS YOU WOULD LIKE TO?

(2) No

(2) \longrightarrow No \dashrightarrow

a.2 WOULD YOU LIKE TO WORK IN THE GARDEN?

(1) — Yes -->

a.2a WHAT'S KEEPING YOU FROM
WORKING IN THE GARDEN?

(2) ——— No

(3) — Not applicable

58 _____
59 _____
60-61 _____

b. DO YOU PARTICIPATE IN CLUBS?

(1) ——— Yes -->

b.1 WOULD YOU LIKE TO PARTICIPATE IN CLUBS MORE THAN YOU ALREADY DO?

(1) — Yes -->

b.1a WHAT'S KEEPING YOU FROM
PARTICIPATING IN CLUBS
AS MUCH AS YOU WOULD LIKE TO?

(2) ——— No

(1) ——— No →

b.2 WOULD YOU LIKE TO PARTICIPATE
IN CLUBS?

(1) ——— Yes -->

b.2a WHAT'S KEEPING YOU FROM PARTICIPATING IN CLUBS?

(2) No

(3) — Not applicable

62 _____
63 _____
64-65 _____

		) FOR OFFICE
		) <u>USE ONLY</u>
c. DO YOU GO TO THE THEATRE?)
(1) — Yes -->)
c.1 WOULD YOU LIKE TO GO TO THE)
THEATRE MORE THAN YOU ALREADY DO?)
(1) — Yes -->)
c.1a WHAT'S KEEPING YOU FROM)
GOING TO THE THEATRE)
AS MUCH AS YOU WOULD LIKE TO?)
_____)
(2) — No)
(2) — No -->)
c.2 WOULD YOU LIKE TO GO THE THEATRE?)
(1) — Yes -->)
c.2a WHAT'S KEEPING YOU FROM)
GOING TO THE THEATRE?)
_____)
(2) — No		) 66 —
(3) — Not applicable		) 67 —
		) 68-69 —
<hr/>		
d. DO YOU GO TO SPORTS EVENTS?		) 70-72Blank
(1) — Yes -->		) (1-7 ID)
d.1 WOULD YOU LIKE TO GO TO SPORTS		) 8-90 2
EVENTS MORE THAN YOU ALREADY DO?)
(1) — Yes -->)
d.1a WHAT'S KEEPING YOU FROM)
GOING TO SPORTS EVENTS)
AS MUCH AS YOU WOULD LIKE TO?)
_____)
(2) — No)
(2) — No -->)
d.2 WOULD YOU LIKE TO GO TO SPORTS)
EVENTS?)
(1) — Yes -->)
d.2a WHAT'S KEEPING YOU FROM)
GOING TO SPORTS EVENTS?)
_____)
(2) — No		) 10 —
(3) — Not applicable		) 11 —
		) 12-13 —

	FOR OFFICE USE ONLY
e. DO YOU READ?)
(1) — Yes -->)
e.1 WOULD YOU LIKE TO READ MORE THAN YOU ALREADY DO?)
(1) — Yes -->)
e.1a WHAT'S KEEPING YOU FROM READING AS MUCH AS YOU WOULD LIKE TO?)
_____)
(2) — No)
(2) — No -->)
e.2 WOULD YOU LIKE TO READ?)
(1) — Yes -->)
e.2a WHAT'S KEEPING YOU FROM READING?)
_____)
(2) — No	) 14 _____
(3) — Not applicable	) 15 _____
	) 16-17 — —
<hr/>	
f. DO YOU TALK ON THE PHONE WITH FRIENDS?)
(1) — Yes -->)
f.1 WOULD YOU LIKE TO TALK ON THE PHONE WITH FRIENDS MORE THAN YOU ALREADY DO?)
(1) — Yes -->)
f.1a WHAT'S KEEPING YOU FROM TALK- ING ON THE PHONE WITH FRIENDS AS MUCH AS YOU WOULD LIKE TO?)
_____)
(2) — No)
(2) — No -->)
f.2 WOULD YOU LIKE TO TALK ON THE PHONE WITH FRIENDS?)
(1) — Yes -->)
f.2a WHAT'S KEEPING YOU FROM TALKING ON THE PHONE WITH FRIENDS?)
_____)
(2) — No	) 18 _____
(3) — Not applicable	) 19 _____
	) 20-21 — —

		) FOR OFFICE
		) <u>USE ONLY</u>
g. DO YOU TALK ON THE PHONE WITH FAMILY?)
(1) — Yes -->)
g.1 WOULD YOU LIKE TO TALK ON THE PHONE WITH FAMILY MORE THAN YOU ALREADY DO?)
(1) — Yes -->)
g.1a WHAT'S KEEPING YOU FROM TALKING ON THE PHONE WITH FAMILY AS MUCH AS YOU WOULD LIKE TO?)
_____)
(2) — No)
(2) — No -->)
g.2 WOULD YOU LIKE TO TALK ON THE PHONE WITH FAMILY?)
(1) — Yes -->)
g.2a WHAT'S KEEPING YOU FROM TALKING ON THE PHONE WITH FAMILY?)
_____)
(2) — No		) 22 _____
(3) — Not applicable		) 23 _____
		) 24-25 _____
<hr/>		
h. DO YOU GO TO VISIT FAMILY MEMBERS?)
(1) — Yes -->)
h.1 WOULD YOU LIKE TO GO TO VISIT FAMILY MEMBERS MORE THAN YOU ALREADY DO?)
(1) — Yes -->)
h.1a WHAT'S KEEPING YOU FROM GOING TO VISIT FAMILY MEMBERS AS MUCH AS YOU WOULD LIKE TO?)
_____)
(2) — No)
(2) — No -->)
h.2 WOULD YOU LIKE TO VISIT FAMILY MEMBERS?)
(1) — Yes -->)
h.2a WHAT'S KEEPING YOU FROM GOING TO VISIT FAMILY MEMBERS?)
_____)
(2) — No		) 26 _____
(3) — Not applicable		) 27 _____
		) 28-29 _____

	)	FOR OFFICE
	)	USE ONLY
i. DO YOU GO TO VISIT FRIENDS?)	
(1) — Yes -->)	
i.1 WOULD YOU LIKE TO GO TO VISIT)	
FRIENDS MORE THAN YOU)	
ALREADY DO?)	
(1) — Yes -->)	
i.1a WHAT'S KEEPING YOU FROM)	
GOING TO VISIT FRIENDS)	
AS MUCH AS YOU WOULD LIKE TO?)	
_____)	
(2) — No)	
(2) — No -->)	
i.2 WOULD YOU LIKE TO VISIT FRIENDS?)	
(1) — Yes -->)	
i.2a WHAT'S KEEPING YOU FROM)	
GOING TO VISIT FRIENDS?)	
_____)	
(2) — No	)	30 —
(3) — Not applicable	)	31 —
	)	32-33 —

j. DO YOU HAVE VISITS FROM FAMILY MEMBERS?)	
(1) — Yes -->)	
j.1 WOULD YOU LIKE TO HAVE VISITS)	
FROM FAMILY MEMBERS)	
MORE THAN YOU ALREADY DO?)	
(1) — Yes -->)	
j.1a WHAT'S KEEPING YOU FROM)	
HAVING VISITS FROM)	
FAMILY MEMBERS AS)	
MUCH AS YOU WOULD LIKE TO?)	
_____)	
(2) — No)	
(2) — No -->)	
j.2 WOULD YOU LIKE TO HAVE VISITS)	
FROM FAMILY MEMBERS?)	
(1) — Yes -->)	
j.2a WHAT'S KEEPING YOU FROM)	
HAVING VISITS FROM)	
FROM FAMILY MEMBERS?)	
_____	)	34 —
(2) — No	)	35 —
(3) — Not applicable	)	36-37 —

	) FOR OFFICE	
	) <u>USE ONLY</u>	
k. DO YOU HAVE VISITS FROM FRIENDS?)	
(1) — Yes -->)	
k.1 WOULD YOU LIKE TO HAVE VISITS)	
FROM FRIENDS)	
MORE THAN YOU ALREADY DO?)	
(1) — Yes -->)	
k.1a WHAT'S KEEPING YOU FROM)	
HAVING VISITS FROM FRIENDS)	
AS MUCH AS YOU WOULD LIKE TO?)	
_____)	
(2) — No)	
(2) — No -->)	
k.2 WOULD YOU LIKE TO HAVE VISITS)	
FROM FRIENDS?)	
(1) — Yes -->)	
k.2a WHAT'S KEEPING YOU FROM)	
HAVING VISITS FROM FRIENDS?)	
_____)	
(2) — No	)	38 _____
(3) — Not applicable	)	39 _____
	)	40-41 _____
<hr/>		
1. DO YOU PARTICIPATE IN SPORTS?)	
(1) — Yes -->)	
1.1 WOULD YOU LIKE TO PARTICIPATE IN)	
SPORTS MORE THAN YOU ALREADY DO?)	
(1) — Yes -->)	
1.1a WHAT'S KEEPING YOU FROM)	
PARTICIPATING IN SPORTS)	
AS MUCH AS YOU WOULD LIKE TO?)	
_____)	
(2) — No)	
(2) — No -->)	
1.2 WOULD YOU LIKE TO PARTICIPATE)	
IN SPORTS?)	
(1) — Yes -->)	
1.2a WHAT'S KEEPING YOU FROM)	
PARTICIPATING IN SPORTS?)	
_____)	
(2) — No	)	42 _____
(3) — Not applicable	)	43 _____
	)	44-45 _____

- 54 -

m. DO YOU PLAY GAMES SUCH AS CARDS, CHESS,
SCRABBLE, ETC.?

(1) — Yes -->

m.1 WOULD YOU LIKE TO PLAY GAMES SUCH
AS CARDS, CHESS, SCRABBLE
MORE THAN YOU ALREADY DO?

(1) — Yes -->

m.1a WHAT'S KEEPING YOU FROM
PLAYING CARDS, CHESS,
SCRABBLE, ETC.
AS MUCH AS YOU WOULD LIKE TO?

(2) — No

(2) — No -->

m.2 WOULD YOU LIKE TO PLAY GAMES SUCH
AS CARDS, SCRABBLE, ETC.?

(1) — Yes -->

m.2a WHAT'S KEEPING YOU FROM
PLAYING CARDS, CHESS,
SCRABBLE, ETC.?

(2) — No

(3) — Not applicable

) FOR OFFICE
) USE ONLY

) 46 —
) 47 —
) 48-49 —

n. DO YOU DO VOLUNTEER WORK?

(1) — Yes -->

n.1 WOULD YOU LIKE TO DO MORE VOLUN-
TEER WORK THAN YOU ALREADY DO?

(1) — Yes -->

n.1a WHAT'S KEEPING YOU FROM
DOING VOLUNTEER WORK
AS MUCH AS YOU WOULD LIKE TO?

(2) — No

(2) — No -->

n.2 WOULD YOU LIKE TO DO VOLUNTEER
WORK?

(1) — Yes -->

n.2a WHAT'S KEEPING YOU FROM
DOING VOLUNTEER WORK?

(2) — No

(3) — Not applicable

) 50 —
) 51 —
) 52-53 —

- 55 -

o. DO YOU HELP OUT AT ELECTION TIME?

(1) — Yes -->

o.1 WOULD YOU LIKE TO HELP OUT AT
ELECTION TIME
MORE THAN YOU ALREADY DO?

(1) — Yes -->

o.1a WHAT'S KEEPING YOU FROM
HELPING OUT AT ELECTION TIME
AS MUCH AS YOU WOULD LIKE TO?

(2) — No

(2) — No -->

o.2 WOULD YOU LIKE TO HELP OUT AT
ELECTION TIME?

(1) — Yes -->

o.2a WHAT'S KEEPING YOU FROM
HELPING OUT AT ELECTION TIME?

(2) — No

(3) — Not applicable

) FOR OFFICE
) USE ONLY

) 54 —

) 55 —

) 56-57 —

p. DO YOU TRAVEL?

(1) — Yes -->

p.1 WOULD YOU LIKE TO TRAVEL
MORE THAN YOU ALREADY DO?

(1) — Yes -->

p.1a WHAT'S KEEPING YOU FROM
TRAVELLING
AS MUCH AS YOU WOULD LIKE TO?

(2) — No

(2) — No -->

p.2 WOULD YOU LIKE TO TRAVEL?

(1) — Yes -->

p.2a WHAT'S KEEPING YOU FROM
TRAVELLING?

(2) — No

(3) — Not applicable

) 58 —

) 59 —

) 60-61 —

- 56 -

		) FOR OFFICE
		) <u>USE ONLY</u>
q.	DO YOU TAKE WALKS?)
(1)	—— Yes -->)
q.1	WOULD YOU LIKE TO TAKE WALKS MORE THAN YOU ALREADY DO?)
(1)	—— Yes -->)
q.1a	WHAT'S KEEPING YOU FROM TAKING WALKS AS MUCH AS YOU WOULD LIKE TO?)
	_____)
(2)	—— No)
(2)	—— No -->)
q.2	WOULD YOU LIKE TO TAKE WALKS?)
(1)	—— Yes -->)
q.2a	WHAT'S KEEPING YOU FROM TAKING WALKS?)
	_____)
(2)	—— No	) 62 _____
(3)	—— Not applicable	) 63 _____
		) 64-65 _____
<hr/>		
r.	DO YOU GO FOR DRIVES?)
(1)	—— Yes -->)
r.1	WOULD YOU LIKE TO GO FOR DRIVES MORE THAN YOU ALREADY DO?)
(1)	—— Yes -->)
r.1a	WHAT'S KEEPING YOU FROM GOING FOR DRIVES AS MUCH AS YOU WOULD LIKE TO?)
	_____)
(2)	—— No)
(2)	—— No -->)
r.2	WOULD YOU LIKE TO GO FOR DRIVES?)
(1)	—— Yes -->)
r.2a	WHAT'S KEEPING YOU FROM GOING FOR DRIVES?)
	_____)
(2)	—— No	) 66 _____
(3)	—— Not applicable	) 67 _____
		) 68-69 _____

		) FOR OFFICE
		) <u>USE ONLY</u>
s.	DO YOU DO HANDICRAFT/ARTISTIC HOBBIES?)
(1)	—— Yes -->)
s.1	WOULD YOU LIKE TO DO HANDICRAFTS/ ARTISTIC HOBBIES MORE THAN YOU ALREADY DO?	) 70-72
		) Blank
		) (1-7)
(1)	—— Yes -->	) 8-9 0 3
s.1a	WHAT'S KEEPING YOU FROM DOING HANDICRAFT/ARTISTIC HOBBIES AS MUCH AS YOU WOULD LIKE TO?)
	_____)
(2)	—— No)
(2)	—— No -->)
s.2	WOULD YOU LIKE TO DO HANDICRAFT/ARTISTIC HOBBIES?)
(1)	—— Yes -->)
s.2a	WHAT'S KEEPING YOU FROM DOING HANDICRAFT/ARTISTIC HOBBIES?)
	_____)
(2)	—— No	) 10 _____
		) 11 _____
(3)	—— Not applicable	) 12-13 _____
)
)
t.	DO YOU ATTEND CHURCH/SYNAGOGUE?)
(1)	—— Yes -->)
t.1	WOULD YOU LIKE TO ATTEND CHURCH/SYNAGOGUE MORE THAN YOU ALREADY DO?)
(1)	—— Yes -->)
t.1a	WHAT'S KEEPING YOU FROM ATTENDING CHURCH/SYNAGOGUE AS MUCH AS YOU WOULD LIKE TO?)
	_____)
(2)	—— No)
(2)	—— No -->)
t.2	WOULD YOU LIKE TO ATTEND CHURCH/SYNAGOGUE?)
(1)	—— Yes -->)
t.2a	WHAT'S KEEPING YOU FROM ATTENDING CHURCH/SYNAGOGUE?)
	_____)
(2)	—— No	) 14 _____
		) 15 _____
(3)	—— Not applicable	) 16-17 _____
)

		9.
4.	ARE THERE OTHER ACTIVITIES THAT YOU WOULD LIKE TO DO THAT YOU ARE NOT NOW DOING?	) <u>FOR OFFICE</u>
		) <u>USE ONLY</u>
	(1) — Yes -->)
	Specify _____)
	(if yes to 4...ask 4.1)	) 27—
	4.1 WHY AREN'T YOU PARTICIPATING IN THESE ACTIVITIES? (Check as many as necessary))
	(01) — no time)
	(02) — health problems)
	(03) — too expensive)
	(04) — no transportation)
	(05) — not sure how to go about it)
	(06) — weather)
	(07) — facilities unavailable)
	(08) — no one to do it with)
	(09) — too far away)
	(10) — no one to assist)
	(11) — other, Specify _____	) 28-29
)
	(2) — No --)
5.	NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR FAMILY)
	WHAT FAMILY MEMBERS DO YOU HAVE CONTACT WITH? (Circle the appropriate number))
	a. spouse 1	) 30—
	b. daughters 1 2 3 4 5 6 7	) 31—
	c. sons 1 2 3 4 5 6 7	) 32—
	d. granddaughters 1 2 3 4 5 6 7	) 33—
	e. grandsons 1 2 3 4 5 6 7	) 34—
	f. sisters 1 2 3 4 5 6 7	) 35—
	g. brothers 1 2 3 4 5 6 7	) 36—
	h. other relatives, specify _____ 1 2 3 4 5 6 7	) 37—
	i. _____ doesn't have family members)
	j. _____ is not in contact with any family	) 38-39
)

10.

(Interviewer: Ask questions 6, 7, and 8 only if respondent mentioned he/she had contact with family members in question 5)

	)	FOR OFFICE
	)	<u>USE ONLY</u>
)	
6. HOW OFTEN DO YOU TALK ON THE PHONE WITH)	
FAMILY MEMBERS?)	
)	
(01) ——— every day)	
(02) ——— four to six times per week)	
(03) ——— two to three times per week)	
(04) ——— once a week)	
(05) ——— two to three times per month)	
(06) ——— once a month)	
(07) ——— less than once a month)	
(08) ——— never	)	40-41
)	_____
)	
)	
7. HOW OFTEN DO YOU GO TO SEE FAMILY MEMBERS)	
AT THEIR HOMES?)	
)	
(01) ——— more than once a week)	
(02) ——— once a week)	
(03) ——— two to three times per month)	
(04) ——— once a month)	
(05) ——— five to six times per year)	
(06) ——— two to four times per year)	
(07) ——— once a year)	
(08) ——— less than once a year)	
(09) ——— never	)	42-43
)	_____
)	
)	
8. HOW OFTEN DO FAMILY MEMBERS COME TO VISIT)	
YOU AT YOUR HOME?)	
)	
(01) ——— more than once a week)	
(02) ——— once a week)	
(03) ——— two to three times per month)	
(04) ——— once a month)	
(05) ——— five to six times per year)	
(06) ——— two to four times per year)	
(07) ——— once a year)	
(08) ——— less than once a year)	
(09) ——— never	)	44-45
)	_____
)	

11.

9. HOW ABOUT YOUR FRIENDS?
HOW OFTEN DO YOU TALK ON THE PHONE WITH FRIENDS?

(01) ——— every day
(02) ——— four to six times per week
(03) ——— two to three times per week
(04) ——— once a week
(05) ——— two to three times per month
(06) ——— once a month
(07) ——— less than once a month
(08) ——— never
(88) ——— inap.

) FOR OFFICE
) USE ONLY
)

) 46-47
) _____
)

10. HOW OFTEN DO YOU GO TO SEE
FRIENDS AT THEIR HOMES?

(01) ——— more than once a week
(02) ——— once a week
(03) ——— two to three times per month
(04) ——— once a month
(05) ——— five to six times per year
(06) ——— two to four times per year
(07) ——— once a year
(08) ——— less than once a year
(09) ——— never
(88) ——— inap.

) 48-49
) _____
)

8. HOW OFTEN DO FRIENDS COME TO VISIT
YOU AT YOUR HOME?

(01) ——— more than once a week
(02) ——— once a week
(03) ——— two to three times per month
(04) ——— once a month
(05) ——— five to six times per year
(06) ——— two to four times per year
(07) ——— once a year
(08) ——— less than once a year
(09) ——— never
(88) ——— inap.

) 50-51
) _____
)

12A. IF YOU WERE UPSET, NERVOUS, OR DEPRESSED AND NEEDED SOME HELP, WHOM WOULD YOU MOST LIKELY TURN TO?
(Circle in if they reside in the respondent's house and out if they live outside the respondent's house)

			)	FOR OFFICE
			)	<u>USE ONLY</u>
(01) — child	In	Out)	
(02) — grandchild	In	Out)	
(03) — spouse	In	Out)	
(04) — brother/sister	In	Out)	
(05) — other relative, specify)	
	In	Out)	
(06) — neighbour/friend	In	Out)	
(07) — member of)	
voluntary service group	In	Out)	
(08) — community agency	In	Out)	
(09) — other, specify			)	52-53
)	_____
	In	Out	)	54—

12B. IF YOU RAN OUT OF FOOD, IT WAS SNOWING AND YOU NEEDED HELP TO GET TO THE GROCERY STORE, WHOM WOULD YOU MOST LIKELY TURN TO?
(Circle in if they reside in the respondent's house and out if they live outside the respondent's house)

)	
(01) — child	In	Out)	
(02) — grandchild	In	Out)	
(03) — spouse	In	Out)	
(04) — brother/sister	In	Out)	
(05) — other relative, specify)	
	In	Out)	
(06) — neighbour/friend	In	Out)	
(07) — member of)	
voluntary service group	In	Out)	
(08) — community agency	In	Out)	
(09) — other, specify			)	55-56
)	_____
	In	Out	)	57—

12C. IF YOU HAD AN ACCIDENT AND NEEDED SOMEONE TO BATHE YOU EVERY DAY, WHOM WOULD YOU MOST LIKELY TURN TO? (Circle in if they reside in the respondent's house and out if they live outside the respondent's house)

)	
(01) — child	In	Out)	
(02) — grandchild	In	Out)	
(03) — spouse	In	Out)	
(04) — brother/sister	In	Out)	
(05) — other relative, specify)	
	In	Out)	
(06) — neighbour/friend	In	Out)	
(07) — member of)	
voluntary service group	In	Out)	
(08) — community agency	In	Out)	
(09) — other, specify			)	58-59
)	_____
	In	Out	)	60—

12a.

12D. IF YOU DID NOT HAVE ENOUGH MONEY TO COVER A
LARGE BILL AND NEEDED HELP, WHOM WOULD YOU
MOST LIKELY TURN TO?

(Circle in if they reside in the respondent's house
and out if they live outside the respondent's house)

			)	FOR OFFICE
			)	<u>USE ONLY</u>
(01)	— child	In Out)	
(02)	— grandchild	In Out)	
(03)	— spouse	In Out)	
(04)	— brother/sister	In Out)	
(05)	— other relative, specify)	
	_____	In Out)	
(06)	— neighbour/friend	In Out)	
(07)	— member of)	
	voluntary service group	In Out)	
(08)	— community agency	In Out)	
(09)	— other, specify		)	61-62
	_____	In Out	)	63—

12 IF YOU NEEDED HELP TO GET TO A DOCTOR'S OFFICE
OR CLINIC, WHOM WOULD YOU MOST LIKELY TURN TO?

(Circle in if they reside in the respondent's
house and out if they live outside the
respondent's house)

)	
(01)	— child	In Out)	
(02)	— grandchild	In Out)	
(03)	— spouse	In Out)	
(04)	— brother/sister	In Out)	
(05)	— other relative, specify)	
	_____	In Out)	
(06)	— neighbour/friend	In Out)	
(07)	— member of)	
	voluntary service group	In Out)	
(08)	— community agency	In Out)	
(09)	— other, specify		)	64-65
	_____	In Out	)	66—

13. IF YOU HAD A PROBLEM WITH YOUR OLD AGE SECURITY CHEQUE AND FELT YOU NEEDED HELP DEALING WITH THE AGENCY, WHOM WOULD YOU MOST LIKELY TURN TO?
(Circle in if they reside in the respondent's house and out if they live outside the respondent's house)

			)	FOR OFFICE
			)	USE ONLY
(01)	— children	In	Out	) 67-72Blank
(02)	— grandchildren	In	Out	) (1-7) ID)
(03)	— spouse	In	Out	) 8-9 0 4
(04)	— other relative, specify)
		In	Out)
(05)	— neighbour or friend	In	Out)
(06)	— member of voluntary group	In	Out)
(07)	— paid private source	In	Out)
(08)	— community agency	In	Out)
(09)	— other, specify			) 10-11
)
		In	Out	) 12—

14. IF YOU BECAME SERIOUSLY ILL WITH THE FLU FOR A WEEK AND NEEDED SOMEONE TO HELP TAKE CARE OF YOU AT HOME, WHOM WOULD YOU MOST LIKELY TURN TO?
(Circle in if they reside in the respondent's house and out if they live outside the respondent's house)

(01)	— children	In	Out)
(02)	— grandchildren	In	Out)
(03)	— spouse	In	Out)
(04)	— other relative, specify)
		In	Out)
(05)	— neighbour or friend	In	Out)
(06)	— member of voluntary group	In	Out)
(07)	— paid private source	In	Out)
(08)	— community agency	In	Out)
(09)	— other, specify			) 13-14
)
		In	Out	) 15—

- 14.1 HOW AVAILABLE IS THIS PERSON TO HELP AT ANY PARTICULAR TIME IF YOU WERE SICK ...

(1)	— ALWAYS AVAILABLE)
(2)	— OFTEN AVAILABLE)
(3)	— SOMETIMES AVAILABLE)
(4)	— AVAILABLE ON AN EMERGENCY BASIS ONLY)
		) 16—

13.

) FOR OFFICE
) USE ONLY
)

15. CAN YOU USE THE TELEPHONE?

- (1) — WITHOUT HELP, INCLUDING LOOKING
UP NUMBERS AND DIALING
- (2) — WITH SOME HELP (can answer phone
or dial operator in an emergency,
but need help in getting the number
or dialing)
- (3) — OR ARE YOU COMPLETELY UNABLE
TO USE THE TELEPHONE?

) 17—
)
)

16. CAN YOU GO SHOPPING FOR GROCERIES OR CLOTHES
(ASSUMING YOU HAD TRANSPORTATION) ...

- (1) — WITHOUT HELP (taking care of all
shopping needs yourself, assuming
you had transportation)
- (2) — WITH SOME HELP (need someone to
go with you on all shopping trips)
- (3) — COMPLETELY UNABLE TO DO ANY SHOPPING

) 18—
)
)

17. CAN YOU PREPARE YOUR OWN MEALS ...

- (1) — WITHOUT HELP (plan and cook full
meals yourself)
- (2) — WITH SOME HELP (can prepare some
things but unable to cook full
meals yourself)
- (3) — OR ARE YOU COMPLETELY UNABLE
TO PREPARE ANY MEALS

) 19—
)
)

18. CAN YOU DO HOUSEWORK ...

- (1) — WITHOUT HELP (can scrub floors, etc.)
- (2) — WITH SOME HELP (can do light house-
work but need help with heavy work)
- (3) — OR ARE YOU COMPLETELY UNABLE TO
DO ANY HOUSEWORK

) 20—
)
)

14.

) FOR OFFICE
) USE ONLY
)

19. CAN YOU HANDLE YOUR OWN MONEY ...

- (1) — WITHOUT HELP (write checks, pay bills, etc.)
- (2) — WITH SOME HELP (manage day-to-day buying but need help with managing your checkbook and paying your bills)
- (3) — OR ARE YOU COMPLETELY UNABLE TO HANDLE MONEY

) 21—

20. CAN YOU DRESS AND UNDRESS YOURSELF ...

- (1) — WITHOUT HELP (able to pick out clothes, dress and undress yourself)
- (2) — WITH SOME HELP
- (3) — OR ARE YOU COMPLETELY UNABLE TO DRESS AND UNDRESS YOURSELF

) 22—

21. CAN YOU TAKE CARE OF YOUR OWN APPEARANCE, FOR EXAMPLE COMBING YOUR HAIR AND (for men) SHAVING..

- (1) — WITHOUT HELP
- (2) — WITH SOME HELP
- (3) — OR ARE YOU COMPLETELY UNABLE TO MAINTAIN YOUR APPEARANCE YOURSELF

) 23—

22. CAN YOU GET IN AND OUT OF BED...

- (1) — WITHOUT ANY HELP OR AIDS
- (2) — WITH SOME HELP (either from a person or with the aid of some device)
- (3) — OR ARE YOU TOTALLY DEPENDENT ON SOMEONE ELSE TO LIFT YOU

) 24—

23. CAN YOU TAKE A BATH OR SHOWER ...

- (1) — WITHOUT HELP
- (2) — WITH SOME HELP (need help getting in and out of the tub, or need special attachments on the tub)
- (3) — OR ARE YOU COMPLETELY UNABLE TO BATHE YOURSELF

) 25—

24. I AM GOING TO NAME SOME THINGS YOU MIGHT BE GETTING HELP WITH OR NEED SOME HELP TO DO.
LET'S BEGIN WITH HOUSEWORK.

Page 16.

	I		II	III	IV		V		FOR OFFICE USE ONLY
	DURING THE PAST YEAR DID A FAM- ILY MEMBER, A FRIEND, PAID HELP OR A COMM- UNITY AGENCY EVER ASSIST YOU WITH		WHY DID YOU GET THE ASSISTANCE? (circle if it was short term or regular)	WHO PROVIDED THE ASSISTANCE? (write in response) (circle in or out for help- er's residence)	A. HOW OFTEN IS THAT? B. HOW MUCH TIME DID HE/SHE SPEND HELPING YOU? (inter- viewer use yellow card)	Yes: COULD YOU USE MORE ASSISTANCE?		Who In-Out How Often How Much Time Use (More)	
	(1) Yes (go to II)	(2) No (go to V)	(go to III)	(go to IV)	(go to V)	(1) Yes	(2) No		
A. DOING LIGHT HOUSEWORK (DUSTING, MAKING BEDS)?	—	—	short reg	— in out	A. — B. —	—	—	26-32	
B. DOING HEAVY HOUSE- WORK (CLEANING FLOORS, WINDOWS)?	—	—	short reg	— in out	—	—	—	33-39	
C. MAKING A CUP OF TEA OF COFFEE?	—	—	short reg	— in out	—	—	—	40-46	
D. PREPARING HOT MEALS?	—	—	short reg	— in out	—	—	—	47-53	
E. SHOVELLING OR YARD WORK?	—	—	short reg	— in out	—	—	—	54-60	
F. SHOPPING?	—	—	short reg	— in out	—	—	—	61-67	
G. LAUNDRY?	—	—	short reg	— in out	—	—	—	68-72 Blank (1-7 ID) 8-9 0 5 10-16	
H. HOUSE OR HOUSEHOLD REPAIRS?	—	—	short reg	— in out	—	—	—	17-23	
I. GOING UP AND DOWN STAIRS?	—	—	short reg	— in out	—	—	—	24-30	

continued ...

FOR OFFICE
USE ONLY

V
Yes: COULD YOU USE
MORE ASSISTANCE?

IV

III

II

I

INAPPLICABLE	DURING THE PAST YEAR DID A FAMILY MEMBER, A FRIEND, PAID HELP OR A COMMUNITY AGENCY EVER ASSIST YOU WITH		WHY DID YOU GET THE ASSISTANCE? (circle if it was short term or regular)	WHO PROVIDED THE ASSISTANCE? (write in response) (circle in or out for helper's residence)	A. HOW OFTEN IS THAT? B. HOW MUCH TIME DOES HE/SHE SPEND HELPING YOU? (Inter-viewer use yellow card)		Yes: COULD YOU USE MORE ASSISTANCE?		Why	In-Out	How Often	How Much Time	Use (More)
	(1) Yes (go to II)	(2) No (go to V)			(1) Yes	(2) No							
J. GETTING ABOUT THE HOUSE?	—	—	short reg	— in out	A. — B. —	—	—	—	31-37	—	—	—	—
K. GOING OUT OF DOORS IN GOOD WEATHER?	—	—	short reg	— in out	—	—	—	—	38-44	—	—	—	—
L. GOING OUT OF DOORS IN BAD WEATHER?	—	—	short reg	— in out	—	—	—	—	45-51	—	—	—	—
M. GETTING IN AND OUT OF BED?	—	—	short reg	— in out	—	—	—	—	52-58	—	—	—	—
N. WASHING, BATHING OR GROOMING?	—	—	short reg	— in out	—	—	—	—	59-65	—	—	—	—
O. DRESSING AND PUTTING ON SHOES?	—	—	short reg	— in out	—	—	—	—	66-72 Blank (1-7 10) 8-9 0 6	—	—	—	—
P. CUTTING YOUR TOENAILS?	—	—	short reg	— in out	—	—	—	—	10-16	—	—	—	—
Q. TAKING MEDICATION?	—	—	short reg	— in out	—	—	—	—	17-23	—	—	—	—
R. USING THE TELEPHONE?	—	—	short reg	— in out	—	—	—	—	24-30	—	—	—	—
	—	—	short reg	— in out	—	—	—	—	31-37	—	—	—	—

J. GETTING ABOUT THE HOUSE?

K. GOING OUT OF DOORS IN GOOD WEATHER?

L. GOING OUT OF DOORS IN BAD WEATHER?

M. GETTING IN AND OUT OF BED?

N. WASHING, BATHING OR GROOMING?

O. DRESSING AND PUTTING ON SHOES?

P. CUTTING YOUR TOENAILS?

Q. TAKING MEDICATION?

R. USING THE TELEPHONE?

I		II		III	IV		V		FOR OFFICE USE ONLY			
INAPPLICABLE	DURING THE PAST YEAR DID A FAMILY MEMBER, A FRIEND, PAID HELP OR A COMMUNITY AGENCY EVER ASSIST YOU WITH		WHY DID YOU GET THE ASSISTANCE?	WHO PROVIDED THE ASSISTANCE? (write in response) (circle in or out for helper's residence)	A. HOW OFTEN IS THAT? B. DOES HE/SHE SPEND HELPING YOU? (inter-viewer use yellow card)		Yes: COULD YOU USE MORE ASSISTANCE?		Why	In-Out	How Often	How Much Time Use (More)
	(1) Yes (go to II)	(2) No (go to V)	(go to III)	(go to IV)	(go to V)	(1) Yes	(2) No					
	_____	_____	short reg	_____ in out	A. _____ B. _____	_____	_____	_____	38-44	_____	_____	_____
	_____	_____	short reg	_____ in out	_____	_____	_____	_____	45-51	_____	_____	_____
	_____	_____	short reg	_____ in out	_____	_____	_____	_____	52-58	_____	_____	_____
	_____	_____	short reg	_____ in out	_____	_____	_____	_____	59-65	_____	_____	_____
	_____	_____	short reg	_____ in out	_____	_____	_____	_____	66-72 Blank (1-7 10) 8-9 0-7	_____	_____	_____
	_____	_____	short reg	_____ in out	_____	_____	_____	_____	10-16	_____	_____	_____
									17-18			

S. BANKING?

T. PAYING YOUR BILLS?

U. FINANCIAL ADVICE?

V. LEGAL ADVICE?

W. MENDING CLOTHES?

(Interviewer: Ask question 25 only if respondent indicated he/she could use (more) assistance).

25. HAVE YOU TRIED GETTING ASSISTANCE WITH THOSE DAY-TO-DAY ACTIVITIES YOU SAID YOU COULD USE (MORE) ASSISTANCE WITH?

(1) — Yes -->

25.1 WHAT TYPE OF HELP WERE YOU
LOOKING FOR? Specify _____

25.2 HAVE YOU HAD ANY DIFFICULTY
GETTING THE HELP?

(1) — Yes ->

25.2a. WHAT TYPE OF DIFFICULTY HAVE
YOU HAD? Specify _____

(2) — No

(2) — No -->

25.3 WHY HAVE YOU NOT TRIED TO GET
HELP? Specify _____

) FOR OFFICE
) USE ONLY
)

) 19—

) 20—

) 21—

) 22—

) 23—
)

Page 19.

FOR OFFICE USE ONLY

26. WITHIN THE PAST YEAR HAVE YOU EVER RECEIVED ASSISTANCE FROM ...

	(1) Yes -- (go to II)	(2) No	(3) don't know
A. VISITING NURSE (PUBLIC HEALTH OR V.O.N.)	_____	_____	_____
B. VISITING OR RED CROSS HOME MAKERS	_____	_____	_____
C. HOME CARE	_____	_____	_____
D. MEALS ON WHEELS	_____	_____	_____
E. A PRIVATE HOME MAKER	_____	_____	_____
F. A FRIENDLY VISITING SERVICE	_____	_____	_____

II (use yellow card) How often did you receive their assistance?	
a.	_____
b.	_____

How much time did they spend with you?	
a.	_____
b.	_____

24	25	26
27	28	29
30	31	32
33	34	35
36	37	38
39	40	41

(Interviewer: Ask questions 27, 28 and 29 only if respondent indicated he/she received any type of assistance)

) FOR OFFICE
) USE ONLY
)

WE HAVE TALKED ABOUT MANY OF THE ACTIVITIES THAT YOU DO AND THE TYPE OF ASSISTANCE YOU ARE CURRENTLY GETTING IN DOING THESE ACTIVITIES.
THINKING BACK OVER THE TYPE OF HELP YOU HAVE BEEN RECEIVING WITH THE THINGS YOU DO ...

27. HAVE YOU BEEN ABLE TO GET ASSISTANCE IN BOTH THE WINTER AND THE SUMMER OR HAVE YOU HAD MORE DIFFICULTY GETTING HELP IN ONE SEASON THAN THE OTHER?

- (1) — assistance has been available all year round
- (2) — assistance has been more difficult to get in the winter
- (3) — assistance has been more difficult to get in the summer
- (4) — assistance has been difficult to get all year round

42—

28. HAVE YOU BEEN ABLE TO GET ASSISTANCE ON BOTH WEEKDAYS AND WEEKENDS OR HAVE YOU HAD MORE DIFFICULTY GETTING ASSISTANCE ONE TIME THAN THE OTHER?

- (1) — assistance has been available equally on weekdays and weekends
- (2) — assistance has been more difficult to get on weekdays
- (3) — assistance has been more difficult to get on weekends
- (4) — assistance has been difficult to get on both weekdays and weekends

43—

29. HAVE YOU BEEN ABLE TO GET ASSISTANCE AT THE TIME OF DAY YOU NEEDED IT OR HAVE YOU HAD GREATER DIFFICULTY GETTING ASSISTANCE ONE TIME THAN THE OTHER?

- (1) — assistance has been available at the time of day you needed it
- (2) — assistance has been more difficult to get in the evening
- (3) — assistance has been more difficult to get during the day
- (4) — assistance has been difficult to get during the day and during the evenings

44—

21.

) FOR OFFICE
) USE ONLY
)

30. TO ASSIST US IN PLANNING, WHAT SERVICES WOULD
YOU LIKE TO HAVE AVAILABLE TO HELP YOU AT HOME
OR DO YOU FEEL WOULD BE HELPFUL TO OTHER SENIOR
CITIZENS IN THE COMMUNITY?

) 45____
)

31. ARE YOU ABLE TO CROSS STREETS BY YOURSELF?

- (1) ____ Yes
(2) ____ No

) 46____
)

32. DO THE TRAFFIC LIGHTS ALLOW YOU ENOUGH TIME
TO GET ACROSS THE STREET?

- (1) ____ Yes
(2) ____ No
(3) ____ Inap.

) 47____
)

33. CAN YOU USUALLY WALK AROUND AN AVERAGE BLOCK?

(1) — Yes --→

33.1 DO YOU USUALLY USE ANY ASSISTANCE TO WALK
AROUND THE BLOCK SUCH AS ...

- (1) — A CANE
- (2) — TWO CANES
- (3) — CRUTCHES
- (4) — A WALKER
- (5) — HELP FROM ANOTHER PERSON
- (6) — other, specify _____
- (7) — no assistance required

(2) — No --→

33.2 ARE YOU ABLE TO WALK ACROSS A SMALL ROOM?

(1) — Yes --→

33.2a DO YOU USUALLY USE ANY ASSISTANCE
TO WALK ACROSS A SMALL ROOM SUCH AS..

- (1) — A CANE
- (2) — TWO CANES
- (3) — CRUTCHES
- (4) — A WALKER
- (5) — HELP FROM ANOTHER PERSON
- (6) — other, specify _____
- (7) — no assistance required

(2) — No --→

33.2b DO YOU USUALLY USE A WHEELCHAIR
TO GET

(1)	(2)
<u>YES</u>	<u>NO</u>

- (A) AROUND THE HOUSE
- (B) OUT OF DOORS

33.2c BECAUSE OF YOUR HEALTH, IS IT
NECESSARY FOR YOU TO SPEND MOST
OF THE DAY ...

- (1) — IN A CHAIR
- (2) — IN A BED
- (3) — neither

) FOR OFFICE
) USE ONLY

) 48 —

) 49 —

) 50 —

) 51 —

) 52 —

) 53 —

) 54 —

34. ARE YOU ABLE TO WALK UP AND DOWN STAIRS?

(1) — Yes -->

34.1 DO YOU USUALLY USE ANY ASSISTANCE TO WALK
UP AND DOWN STAIRS SUCH AS ...

(1) — A CANE

(2) — TWO CANES

(3) — CRUTCHES

(4) — A WALKER

(5) — HELP FROM ANOTHER PERSON

(6) — other, specify _____

(7) — no assistance required

(2) — No

) FOR OFFICE

) USE ONLY

)

) 55 —

)

)

)

)

)

)

)

)

)

)

)

) 56 —

)

)

)

WE ARE INTERESTED IN HOW SENIOR CITIZENS GET
TO PLACES THEY WANT TO GO.

35. PLEASE TELL ME THE TYPE OF TRANSPORTATION
YOU USUALLY USE TO GET TO ...
(Refer to Categories of Transportation below
and list the two used most)

A. ——— SHOPPING

B. ——— MEDICAL APPOINTMENTS

C. ——— SOCIAL/RECREATIONAL ACTIVITIES

Categories of Transportation

- (01) walk unassisted
- (02) walk with assistant
- (03) drive self
- (04) driven by spouse
- (05) driven by relatives other than spouse
- (06) driven by friends
- (07) taxi
- (08) public transportation
- (09) public agency, specify _____
- (10) other, specify _____
- (11) doesn't participate in these
activities

) FOR OFFICE
) USE ONLY

) 57-58 ———
) 59-60 ———
) 61-62 ———
) 63-64 ———
) 65-66 ———
) 67-68 ———

) 69-72 Blank
) (1-7 ID)
) 8-9 0 8
)

36. DO YOU TRAVEL BY PUBLIC TRANSPORTATION?

(1) — Yes --→

36.1 WHEN YOU TRAVEL BY PUBLIC TRANSPORT-
ATION DO YOU USE THE ASSISTANCE OF
ANOTHER INDIVIDUAL ...

- (1) — ALWAYS
- (2) — SOMETIMES
- (3) — NEVER

36.2 COULD YOU USE (MORE) ASSISTANCE

(1) — Yes --→

36.2A WHAT TYPE OF ASSISTANCE COULD
YOU USE? SPECIFY _____

(2) — No

(2) — No --→

36.3 WHAT IS THE REASON THAT YOU DON'T
TRAVEL BY PUBLIC TRANSPORTATION?

- (1) — doesn't need it
- (2) — it is too expensive
- (3) — not conveniently located
- (4) — needs assistance, and
doesn't have any
- (5) — no public transportation
in area
- (6) — other, specify _____

) FOR OFFICE
) USE ONLY

) 10 —

) 11 —

) 12 —

) 13 —

) 14 —

37. DO YOU TRAVEL BY TAXIS?

(1) — Yes --→

37.1 WHEN YOU TRAVEL BY TAXIS DO YOU USE
THE ASSISTANCE OF ANOTHER INDIVIDUAL...

- (1) — ALWAYS
- (2) — SOMETIMES
- (3) — NEVER

37.2 COULD YOU USE (MORE) ASSISTANCE

(1) — Yes --→

37.2A WHAT TYPE OF ASSISTANCE COULD
YOU USE? SPECIFY _____

(2) — No

(2) — No --→

37.3 WHAT IS THE REASON THAT YOU DON'T
TRAVEL BY TAXIS?

- (1) — doesn't need it
- (2) — it is too expensive
- (3) — not conveniently located
- (4) — needs assistance, and
doesn't have any
- (5) — no taxis in area
- (6) — other, specify _____

) FOR OFFICE
) USE ONLY

) 15 —

) 16 —

) 17 —

) 18 —

) 19 —

	) FOR OFFICE
	) <u>USE ONLY</u>
38. IS TRANSPORTATION EVER A PROBLEM FOR YOU WHEN YOU WANT TO GO SHOPPING?)
(1) — Yes -->	) 20—
38.1 WHY IS IT A PROBLEM? (Check as many as necessary))
(1) — transportation is too expensive)
(2) — can't use public transportation)
(3) — there is no public transportation)
(4) — have no one to ask)
(5) — other, specify _____	) 21—
(2) — No)
(8) — doesn't go shopping)
39. IS TRANSPORTATION EVER A PROBLEM FOR YOU WHEN YOU WANT TO GO TO MEDICAL APPOINTMENTS?)
(1) — Yes -->	) 22—
39.1 WHY IS IT A PROBLEM? (Check as many as necessary))
(1) — transportation is too expensive)
(2) — can't use public transportation)
(3) — there is no public transportation)
(4) — have no one to ask)
(5) — other, specify _____	) 23—
(2) — No)
(8) — doesn't go to medical appointments)

) FOR OFFICE
) USE ONLY

40. IS TRANSPORTATION EVER A PROBLEM FOR YOU WHEN
YOU WANT TO GO TO SOCIAL OR RECREATIONAL
ACTIVITIES?

(1) — Yes -->

40.1 WHY IS IT A PROBLEM? (Check as many as necessary)

(1) — transportation is too expensive

(2) ——— can't use public transportation

(3) ——— there is no public transportation

(4) — have no one to ask

(5) — other, specify _____

(2) ——— No

(8) ——— doesn't go to social or recreational activities.

41. IF YOU COULD GET FURTHER ASSISTANCE WITH
TRANSPORTATION, WOULD YOU BE INTERESTED IN
HAVING THE ASSISTANCE?

(1) — Yes -->

41.1 WHAT TYPE OF ASSISTANCE WOULD YOU BE INTERESTED IN? (Check as many as necessary).

(1) — someone to assist you when you go by public transit or taxis

(2) — financial assistance for taxis

(3) — specialized transportation in specialized vehicles such as a van with a wheelchair lift

(4) — other, specify

(2) ~~_____~~ No

I WOULD LIKE TO TALK WITH YOU ABOUT YOUR HEALTH

42. HOW WOULD YOU RATE YOUR OVERALL HEALTH AT THE PRESENT TIME? WOULD YOU SAY IT WAS EXCELLENT, GOOD, FAIR OR POOR?

(1) ——— excellent

(2) ——— good

(3) — fair

(4) ——— poor

28 —

		) <u>FOR OFFICE</u>
		) <u>USE ONLY</u>
)
43.	THINKING ABOUT HOW YOU WERE FIVE YEARS AGO, IS YOUR OVERALL HEALTH NOW BETTER, ABOUT THE SAME OR WORSE?)
	(1) ——— better)
	(2) ——— about the same)
	(3) ——— worse	) 29 ———
44.	HOW MUCH DO YOUR HEALTH TROUBLES STAND IN THE WAY OF DOING THE THINGS YOU WANT TO DO? WOULD YOU SAY ... NOT AT ALL, A LITTLE OR A GREAT DEAL?)
	(1) ——— not at all)
	(2) ——— a little)
	(3) ——— a great deal	) 30 ———
45.	DO YOU HAVE A PARTICULAR FAMILY DOCTOR WHOM YOU CALL WHEN YOU NEED MEDICAL CARE?)
	(1) ——— Yes -->	) 31 ———
	45.1 HOW MANY TIMES DURING THE PAST 12 MONTHS HAVE YOU SEEN THIS DOCTOR?)
	—— times.	) 32-33
	45.2 WHERE DO YOU USUALLY SEE THIS DOCTOR?)
	(1) ——— own home)
	(2) ——— hospital clinic)
	(3) ——— doctor's office)
	(4) ——— rehabilitation centre)
	(5) ——— other, specify _____	) 34 ———
	45.3 IF YOU ARE TOO ILL TO GET TO YOUR DOCTOR'S OFFICE, WOULD YOUR DOCTOR COME TO YOUR HOME?)
	(1) ——— yes)
	(2) ——— no)
	(3) ——— don't know)
	(2) ——— No	) 35 ———

46. HAVE YOU BEEN SEEN BY A MEDICAL SPECIALIST
DURING THE PAST 12 MONTHS?

(1) — Yes -->

46.1 HOW MANY TIMES DURING THE PAST 12
MONTHS HAVE YOU SEEN A SPECIALIST?

— times.

46.2 WHERE DO YOU USUALLY SEE THE DOCTOR?

- (1) — own home
- (2) — hospital clinic
- (3) — doctor's office
- (4) — rehabilitation centre
- (5) — other, specify _____

46.3 IF YOU ARE TOO ILL TO GET OUT TO SEE
YOUR SPECIALIST WOULD YOUR SPECIALIST
COME TO SEE YOU AT HOME?

- (1) — yes
- (2) — no
- (3) — don't know

(2) — No

47. DURING THE PAST YEAR, HOW MANY DAYS WERE YOU SO
SICK THAT YOU WERE UNABLE TO CARRY ON YOUR
USUAL ACTIVITIES?

— days.

) FOR OFFICE
) USE ONLY

) 36 —

) 37-38
) — —

) 39 —

) 40 —

) 41-43
) — — —

48. HOW MANY DAYS DURING THE PAST YEAR WERE YOU A
PATIENT IN A HOSPITAL?

_____ days -->

48.1 (Ask if hospitalized one or more days)
HOW MANY TIMES WERE YOU ADMITTED TO A
HOSPITAL DURING THE PAST 12 MONTHS?

_____ times -->

48.1a (ask if hospitalized one or more
times) WHY WERE YOU IN THE
HOSPITAL?

_____ (1st time)
_____ (2nd time)
_____ (3rd time)
_____ (4th time)
_____ (5th time)
_____ (6th time)

49. HOW MANY DAYS DURING THE PAST YEAR WERE YOU A
PATIENT AT A NURSING HOME OR A REHABILITATION
CENTRE?

_____ days.

50. DO YOU FEEL THAT YOU NEED MORE MEDICAL CARE OR
TREATMENT THAN YOU ARE RECEIVING AT THIS TIME?

(1) _____ Yes ---

50.1 WHAT IS THE PROBLEM? Specify _____

(2) _____ No

) FOR OFFICE
) USE ONLY

) 44-46
) _____

) 47-48
) _____

) 49-51
) _____

) 52 _____

) 53 _____

51. I AM GOING TO READ YOU A LIST OF HEALTH CONDITIONS. PLEASE TELL ME IF A PHYSICIAN EVER TOLD YOU THAT YOU HAD ANY OF THESE HEALTH CONDITIONS.

I.		II. HOW MUCH DOES THIS CONDITION INTERFERE WITH YOUR DAY TO DAY ACTIVITIES WOULD YOU SAY				
Condition	Yes → ask II.	NOT AT ALL 2	A LITTLE 3	A GREAT DEAL 4		
	—	—	—	—	—	54 —
ARTHRITIS OR RHEUMATISM	—	—	—	—	—	55 —
GLAUGOMA/CATARACTS	—	—	—	—	—	56 —
ASTHMA	—	—	—	—	—	57 —
EMPHYSEMA OR CHRONIC BRONCHITIS	—	—	—	—	—	58 —
TUBERCULOSIS	—	—	—	—	—	59 —
HIGH BLOOD PRESSURE	—	—	—	—	—	60 —
HEART TROUBLE	—	—	—	—	—	61 —
CIRCULATION TROUBLE IN ARMS OR LEGS	—	—	—	—	—	62 —
DIABETES	—	—	—	—	—	63 —
ULCERS (OF THE DIGESTIVE SYSTEM)	—	—	—	—	—	64 —
OTHER STOMACH OR INTESTINAL DISORDERS OR GALL BLADDER PROBLEMS	—	—	—	—	—	65 —
LIVER DISEASE	—	—	—	—	—	66 —
KIDNEY DISEASE	—	—	—	—	—	67 —
OTHER URINARY TRACT DISORDERS (INCLUDING PROSTATE TROUBLE)	—	—	—	—	—	

FOR OFFICE
USE ONLY

Page 34.

)
) FOR OFFICE
) USE ONLY

52. DO YOU HAVE ANY OTHER CONDITIONS THAT I
HAVE NOT MENTIONED?

(1) — Yes --> Specify _____

) 27 —

52.1 WOULD YOU SAY THESE CONDITIONS
INTERFERE WITH YOUR DAILY ACTIVITIES ..

(1) — NOT AT ALL

(2) — A LITTLE

(3) — A GREAT DEAL

) 28 —

(2) — No

) 29-30
) — —

53. DO YOU HAVE ANY PHYSICAL DISABILITIES SUCH AS
TOTAL OR PARTIAL PARALYSIS OR MISSING LIMBS?

(1) — no

(2) — total paralysis

(3) — partial paralysis

(4) — missing limbs

) 31 —

54. HOW ABOUT YOUR EYESIGHT? DO YOU WEAR GLASSES
OR CONTACT LENSES?

(1) — yes

(2) — no

(3) — totally blind, go to question #56

) 32 —

55. (WITH YOUR GLASSES) ARE YOU ABLE TO READ
NEWSPAPER AND MAGAZINE PRINT?

(1) — yes

(2) — no

) 33 —

56. DO YOU WEAR A HEARING AID?

(1) — yes

(2) — no

(3) — totally deaf, go to question #58

) 34 —
)

61. DO YOU SMOKE?

(1) — Yes --→

61.1 HOW LONG HAVE YOU SMOKED? — years

61.2 APPROXIMATELY HOW MANY CIGARETTES,
PIPES OR CIGARS DO YOU SMOKE PER DAY?
— #

(2) — No

61.3 DID YOU EVER SMOKE?

(1) — yes --→

61.3a HOW LONG DID YOU SMOKE?
— # of years

(2) — no

62. HAS YOUR DOCTOR TOLD YOU WITHIN THE LAST FIVE
YEARS THAT YOU ARE OVERWEIGHT OR THAT YOU
SHOULD LOSE WEIGHT?

(1) — yes

(2) — no

63. DO YOU HAVE ANY PROBLEMS WITH YOUR FEET?
(CALLOUSES? INGROWN TOE NAILS?)

(1) — Yes --→

63.1 ARE YOU RECEIVING ADEQUATE CARE
FOR THESE PROBLEMS?

(1) — yes

(2) — no

(2) — No

)
) FOR OFFICE
) USE ONLY

)
) 60 —

)
) 61-62

)
) 63-64

)
) 65 —

)
) 66-67 —

)
) 68-72Blank

) (1-7 ID)

) 8-9 1 0

)
) 10 —

)
) 11 —

)
) 12 —

)
) FOR OFFICE
) USE ONLY
)

64. DO YOU COUGH MOST DAYS OF THE YEAR?

(1) — yes

(2) — no

) 13 —

65. ARE YOU ON ANY OF THE FOLLOWING SPECIAL DIETS?

(1) (2)
yes no

A. DIABETIC

— —

) 14 —

B. LOW SALT

— —

) 15 —

C. LOW FAT

— —

) 16 —

D. LOW CALORIE

— —

) 17 —

E. ANY OTHER DIET,

Specify — —

) 18 —

) 19 —

66. ARE YOU HAVING ANY DIFFICULTY GETTING OR
MAINTAINING HEALTH CARE?

(1) — Yes -->

) 20 —

66.1 WHY IS THAT?

(Check as many as necessary)

(01) — can't afford health care

(02) — can't afford or arrange
transportation for health care

(03) — have difficulty remembering
to follow through on health care

(04) — can't manage health care
on your own

(05) — language problems hinder
following directions and/or ob-
taining or maintaining health care

(06) — no medical care
conveniently located

(07) — takes too long to get an
appointment

(08) — other, specify — 21-22

(2) — No

I WILL NOW ASK YOU QUESTIONS ABOUT YOUR HOUSING TO FIND OUT HOW ADEQUATELY IT MEETS YOUR NEEDS.

Interviewer fill in #67 and 68.

67. What type of housing does the respondent live in?

- (1) — house
(2) — apartment
(3) — boarding accommodation in a house
(4) — rented room
(5) — other, specify _____

68. Does the respondent live in a housing specifically for seniors?

- (1) — yes
(2) — no

69. DO YOU AND/OR YOUR SPOUSE OWN OR RENT THIS _____?

- (1) — own
(2) — rent
(3) — neither - live with friends or relatives

70. DO YOU LIVE ALONE OR WITH SOMEONE?

(1) — lives alone →

(2) — lives with someone →

70.1 HOW LONG HAVE YOU LIVED ALONE? — years.

70.2 WITH WHOM DO YOU LIVE? AND HOW OLD IS HE/SHE? (record age)

	sex	age		sex	age
(1) spouse	—	—	(4) brother/sister	—	—
(2) children	—	—	1. —	(6) friends	—
1. —	—	—	2. —	1. —	—
2. —	—	—	3. —	2. —	—
3. —	—	—	4. —	3. —	—
4. —	—	—		4. —	—
(3) grand children	—	—	(5) other relatives	(7) other, specify	—
1. —	—	—	1. —	1. —	—
2. —	—	—	2. —	2. —	—
3. —	—	—	3. —	3. —	—
4. —	—	—	4. —	4. —	—

FOR OFFICE
USE ONLY

23 — 24 —

25 —

26 —

27-28 —

29 — 30 — 31-32 —
33 — 34 — 35-36 —
37 — 38 — 39-40 —
41 — 42 — 43-44 —
45 — 46 — 47-48 —
49 — 50 — 51-52 —
53 — 54 — 55-56 —
57 — 58 — 59-60 —
61 — 62 — 63-64 —
65 — 66 — 67-68 —
69-70 — —

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) FOR OFFICE

) USE ONLY

)

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) (1-7 ID)

) 8-9 1 1

)

)

) 10 _____

) 11 _____

) 12 _____

) 13 _____

) 14 _____

) 15 _____

)

)

)

)

)

)

) 16 _____

) 17 _____

) 18 _____

) 19 _____

) 20 _____

) 21 _____

)

71. DO YOU FIND YOUR PRESENT RESIDENCE ...

(1)

yes

(2)

no

A. TOO LARGE TO EASILY MAINTAIN _____

B. TOO DISTANT FROM SERVICES _____

C. TOO DISTANT FROM FAMILY _____

D. TOO DISTANT FROM FRIENDS _____

E. TOO DISTANT FROM TRANSPORTATION _____

72. ARE YOU ON A WAITING LIST FOR:

(1)

yes

(2)

no

A. A SENIOR CITIZEN APARTMENT _____

B. A HOME FOR THE AGED _____

C. A NURSING HOME _____

D. A PRIVATE APARTMENT _____

E. A CHRONIC CARE HOSPITAL _____

)
) FOR OFFICE
) USE ONLY

73. DO YOU HAVE ANY PLANS TO MOVE IN THE NEAR FUTURE?

(1) — Yes -->

) 22 —

73.1 WHY ARE YOU PLANNING TO MOVE?

Specify _____

) 23 —

73.2 WHERE WILL YOU BE MOVING?

(1) — a senior citizen apt.

(2) — a home for the aged

(3) — a nursing home

(4) — a private apartment

(5) — a private house

(6) — a chronic care hospital

(7) — other, specify _____

) 24 —

73.3 WHOM WILL YOU LIVE WITH?

(Check as many as necessary)

(01) — no one

(02) — daughter/son

(03) — daughter-in-law/son-in-law

(04) — grandchildren

(05) — brothers/sisters

(06) — friends

(07) — other, specify _____

) 25-26
— —

(2) — No

74. DO YOU FEEL SAFE WALKING IN YOUR NEIGHBOURHOOD
DURING THE DAY?

(1) — yes

(2) — no

(3) — doesn't walk in neighborhood

) 27 —

75. DO YOU FEEL SAFE WALKING IN YOUR NEIGHBOURHOOD
DURING THE EVENING?

(1) — yes

(2) — no

(3) — doesn't walk in neighborhood

) 28 —

FOR OFFICE USE ONLY

79. IF AT A FUTURE POINT IN YOUR LIFE YOU FIND IT EXTREMELY DIFFICULT TO TAKE CARE OF YOUR OWN NEEDS, PLEASE TELL ME IF YOU WOULD OR WOULD NOT BE INTERESTED IN THE FOLLOWING HOUSING ARRANGEMENTS.

	Interested	Not Interested	Don't know
Male	60%	37%	3%
Female	58%	39%	3%
White	60%	37%	3%
Black	58%	39%	3%
Hispanic	59%	38%	3%
Other	57%	40%	3%
Age 18-29	61%	36%	3%
Age 30-49	59%	38%	3%
Age 50+	57%	40%	3%
High school or less	59%	39%	2%
Some college	60%	37%	3%
Bachelor's or more	61%	36%	3%
Married	60%	37%	3%
Single	59%	38%	3%
Divorced	58%	39%	3%
Widowed	57%	40%	3%
U.S. born	60%	37%	3%
Foreign born	59%	38%	3%

- A. MOVING IN WITH MEMBERS OF THE FAMILY
- B. MOVING IN WITH FRIENDS
- C. MOVING INTO A HOME FOR ELDERLY PEOPLE
- D. STAYING AT HOME AND HAVING FRIENDS COME TO ASSIST YOU
- E. STAYING AT HOME AND HAVING FAMILY MEMBERS COME TO ASSIST YOU
- F. STAYING AT HOME WITH COMMUNITY SERVICES TO ASSIST YOU
- G. MOVING INTO A HOUSING PROJECT WHERE SOME SERVICES ARE AVAILABLE

NOW I WOULD LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR EXPENSES (AND THAT OF YOUR SPOUSE). REMEMBER, WHAT YOU TELL ME IS CONFIDENTIAL INFORMATION, AND I AM NOT USING YOUR NAME. WE WILL USE THIS INFORMATION TO FIND OUT IF SENIOR CITIZENS ARE HAVING ANY DIFFICULTIES MEETING THEIR EXPENSES.

80. ARE YOU PRESENTLY EMPLOYED?

(1) — yes —>

80.1 ARE YOU WORKING FULL-TIME OR PART-TIME?

(1) — full-time
(2) — part-time

80.2 WHAT TYPE OF WORK ARE YOU DOING? _____

80.2 WHAT IS THE MAIN REASON/S FOR YOUR WORKING?
(Check as many as necessary)

- (1) — Because you need the income you are earning through present work
- (2) — Because you enjoy doing the job
- (3) — Because you have company at work
- (4) — Because work makes you feel useful
- (5) — Other, Specify _____

(2) — no

) 45 —
)

) FOR OFFICE
) USE ONLY

81. WHAT WAS YOUR MAJOR OCCUPATION MOST OF YOUR LIFE?
Specify _____

) 46-47
) _____

82. ARE YOU HAVING ANY DIFFICULTY COVERING YOUR
MONTHLY EXPENSES?

(1) _____ no

(2) _____ yes -->

) 48 _____
) _____

82.1 HOW MUCH MORE MONEY WOULD YOU SAY YOU
NEED PER MONTH TO SATISFY YOUR NEEDS
ADEQUATELY?

(1) _____ less than \$25.00

(2) _____ \$25.00 - \$49.00

(3) _____ \$50.00 - \$74.00

(4) _____ \$75.00 - \$99.00

(5) _____ \$100. or more

) 49 _____
) _____

83. IF YOU HAD ADDITIONAL INCOME, WOULD YOU SPEND
IT ON ...

(1)

(2)

(3)

yes

no

maybe

A. MORE OR BETTER HOUSING
OR HOUSE REPAIRS

) 50 _____

B. MORE OR BETTER FOOD

) 51 _____

C. MORE OR BETTER CLOTHING

) 52 _____

D. MEDICAL NEEDS

) 53 _____

E. RECREATION AND/OR OTHER
SPECIAL ACTIVITIES

) 54 _____

F. TRANSPORTATION OR
NEW CAR

) 55 _____

G. TRIPS AND/OR HOLIDAYS

) 56 _____
) _____

84. ARE THERE OTHER THINGS THAT YOU WOULD WANT TO
SPEND ADDITIONAL INCOME ON? Specify _____

) 57 _____
) _____

85. WHAT ARE THE SOURCES OF YOUR INCOME? (IF MARRIED,
COMBINED INCOME?) DO YOU RECEIVE)...
(Check as many as necessary)

(01) _____ Old Age Security

(02) _____ Guaranteed Income Supplement (GIS)

(03) _____ Gains

(04) _____ Canada Pension Plan

(05) _____ Pension from former employer

(06) _____ Current employment

(07) _____ Interest from savings and earnings
from investments

(08) _____ Capital gains

(09) _____ Financial assistance from family

(10) _____ Do you receive income from any other
source? Specify _____

) 58-59
) _____

86. (Interviewer: Show respondent white card)

FROM THE FOLLOWING RANGE OF INCOMES, WOULD YOU
PLEASE INDICATE WHERE YOUR TOTAL MONTHLY INCOME
FALLS? (Combined with spouse).

\$ per month

- (01) — 000-199
- (02) — 200-399
- (03) — 400-599
- (04) — 600-799
- (05) — 800-999
- (06) — 1000-1199
- (07) — 1200-1399
- (08) — 1400-1599
- (09) — over 1600

I WOULD LIKE TO TALK TO YOU ABOUT ISSUES IN GENERAL
THAT AFFECT SENIOR CITIZENS

87. WOULD YOU LIKE TO KNOW MORE ABOUT ...

	<u>yes</u>	<u>no</u>	
A. RETIREMENT	—	—	) 10 —
B. PENSIONS	—	—	) 11 —
C. HOUSING FOR SENIORS	—	—	) 12 —
D. HEALTH CARE	—	—	) 13 —
E. NUTRITION	—	—	) 14 —
F. CRIME AGAINST THE ELDERLY	—	—	) 15 —
G. BEREAVEMENT	—	—	) 16 —
H. BUDGETING FOR SENIORS	—	—	) 17 —
I. CLOTHING FOR SENIORS	—	—	) 18 —
J. COMMUNITY SERVICES FOR SENIORS	—	—	) 19 —
K. SENIOR CITIZEN GROUPS	—	—	) 20 —
L. VOLUNTEER OPPORTUNITIES FOR SENIORS	—	—	) 21 —
M. EMPLOYMENT OPPORTUNITIES FOR SENIORS	—	—	) 22 —
N. EDUCATIONAL OPPORTUNITIES FOR SENIORS	—	—	) 23 —
			) 24-25
) — —

88. DO YOU FEEL THAT THERE SHOULD BE AN INTEREST GROUP TO FIGHT THINGS SUCH AS ...

) FOR OFFICE
) USE ONLY
)

(1) (2)
yes no

A. HOUSING FOR SENIORS	_____	_____	) 26 _____
B. HEALTH CARE FOR SENIORS	_____	_____	) 27 _____
C. PENSIONS	_____	_____	) 28 _____
D. ECONOMIC PROBLEMS OF SENIORS	_____	_____	) 29 _____
E. NUTRITION OF SENIORS	_____	_____	) 30 _____
F. EMPLOYMENT OPTIONS FOR SENIORS	_____	_____	) 31 _____
G. CRIME AGAINST SENIORS	_____	_____	) 32 _____
H. TRANSPORTATION	_____	_____	) 33 _____

89. ARE THERE OTHER ISSUES AROUND WHICH SENIOR CITIZEN INTERESTS GROUPS SHOULD BE FORMED?

) 34 _____

(1) — Yes -->

) 35 _____

89.1 WHAT ARE THESE ISSUES?

Specify _____

) 36 _____

(2) — No

90. WHAT IS THE BEST PART OF YOUR LIFE?

) 37 _____

91. WHAT IS THE HARD PART OF YOUR LIFE?

) 38 _____

92. RIGHT NOW, WHAT WOULD YOU SAY YOU WORRY MOST ABOUT? Specify _____

) 39-40

93. AS INDIVIDUALS GET OLDER, THEIR NEEDS CHANGE AND THEY MAY REQUIRE MORE ASSISTANCE TO MANAGE FROM DAY TO DAY. ASSISTANCE CAN COME FROM MANY INDIVIDUALS AND/OR ORGANIZATIONS. IF AT SOME TIME YOU WILL NEED ASSISTANCE, WHO WOULD YOU WANT TO PROVIDE IT? Specify _____

) 41 _____

94. IF YOU HAD THE OPPORTUNITY TO DO VOLUNTEER WORK, WOULD YOU BE INTERESTED IN HELPING FELLOW SENIORS WITH ...

yes no

- A. SHOPPING
- B. TRANSPORTATION
- C. BANKING
- D. PREPARING FOOD
- E. HOUSEWORK
- F. YARDWORK
- G. FIXING THINGS AROUND THE HOUSE
- H. TAKING MEDICATION
- I. MAKING TELEPHONE CALLS
- J. WRITING LETTERS
- K. GOING TO SOCIAL ACTIVITIES
- L. READING
- M. ANY OTHER ACTIVITIES

FOR OFFICE
USE ONLY

42
43
44
45
46
47
48
49
50
51
52
53
54
55-58

I HAVE A FEW MORE QUESTIONS ABOUT YOU

95. IN WHAT YEAR WERE YOU BORN? _____.

96. WHERE WERE YOU BORN? _____.
(If outside of Canada, ask)

96.1 WHEN DID YOU COME TO CANADA? _____

59-60

97. WHAT NATIONAL DESCENT DO YOU CONSIDER YOURSELF? _____
(If respondent says "Canadian", ... ask) WHAT IS YOUR ETHNIC GROUP? _____.

65-66

98. WHAT LANGUAGE DO YOU SPEAK MOST OFTEN:

98.1 AT HOME? _____.

67

98.2 OUTSIDE OF THE HOME WITH FRIENDS? _____.

68

99. (Interviewer fill in:)

sex ... (1) male
(2) female

69

UNITED SENIOR CITIZENS
OF ONTARIO



MINISTER FOR
SENIOR CITIZENS AFFAIRS
SENIORS SECRETARIAT

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**ELDERLY
RESIDENTS
IN ONTARIO**



272-57
5/28/85
- 85 671

**ELDERLY RESIDENTS IN ONTARIO:
THEIR USE OF TRANSPORTATION**

**Minister for Senior Citizens Affairs
Seniors Secretariat
September, 1985**

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This report is part of a series on the USCO project. The study has involved a variety of individuals, groups and government departments at many levels. The eclectic nature of the study necessitated a variety of resources and it is apparent that the study has benefitted from such support.

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Finally, this study could never have been accomplished without the co-operation of the 846 persons whom we interviewed. I only hope that this study sensitively and accurately represents their experience.

Arlene Hoffman, Ph.D.
Research Consultant

SUMMARY

The focus of this report is on the use of transportation by the 846 persons interviewed for the USCO survey. The paper focuses on (a) the type of transportation used by the respondents to go shopping, to get to medical appointments and social occasions (b) the problems associated with these transportation modes (c) the use of public transportation and taxis and (d) the use of additional income on transportation.

The findings of the study revealed that the largest proportion (at least 40%) of respondents drove themselves when going shopping, to medical appointments or to social occasions. The use of public transportation to these activities varied from a low of eight percent (shopping) to a high of eighteen percent (social occasions). The type of transportation used differed considerably across areas. Residents of Penetanguishene/Brockville were most likely to drive to each of these activities. Residents of Toronto made the greatest use of public transportation. Across areas community agencies were relied on minimally.

Nine percent of the total sample reported problems with transportation. The number of persons reporting problems differed across areas. The most frequent problems were cited by residents of Penetanguishene/Brockville (13%) and the least frequent problems were reported by residents of Sault Ste Marie/Windsor (5%). Transportation problems were reported most frequently by women, by widowed respondents and by persons with a greater number of interfering health conditions.

The transportation problem identified most often and by more than one-half of the respondents was the absence of persons who could be called upon if a ride was needed. Problems also frequently cited were the inconvenience of public transportation and the dislike of dependency on other persons.

Nineteen percent of the respondents said they could use additional assistance with transportation. The majority (86%) of these persons wanted an accompanying individual; fourteen percent expressed a desire for financial assistance.

Slightly over ten percent of the respondents complained that their residence was located too far from transportation. The persons who voiced this complaint comprised 21% of the respondents in the rural communities, eight percent of the residents in Sault Ste Marie/Windsor and five percent of Toronto's residents.

Close to one-third of the respondents said that should additional income be available to them, they would spend it on transportation.

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INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey¹. The principal objective of the survey was to systematically examine the living situation of persons 62 years of age and older who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the Province. The areas included five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to examine the types (or mode) of transportation used by the respondents, and the problems that are associated in using these modes. The paper focuses on:

- (a) the most frequent modes of transportation used to go shopping, to get to medical appointments and social occasions.
- (b) the problems associated with these transportation modes.
- (c) the use of public transportation and taxis.
- (d) the use of additional income on transportation.

The significance of transportation for older persons has been discussed by a number of gerontologists. Atchley (1977) and Cutler (1978) suggest that transportation is the mediator between older persons and their environment. As such, when transportation problems restrict the older persons' mobility, they may suffer from constricted life space and low levels of life satisfaction (Cutler). Carp (1977) maintains that the value of transportation for older persons transcends that which is personal to that which is societal. Her argument is based on the premise that transportation has an economic value to society in that it's adequacy is supportive of the older person's ability to remain within their own home and outside of institutional settings.

The factors related to adequate transportation are undoubtedly many and may include location of residence, health status, age, income, ethnic background, social network, marital status, sex, etc. This paper will examine the role of these factors in the transportation experiences of older community residents in Ontario.

¹ Refer to the Appendix for a list of other papers in this series.

2. TYPE OF TRANSPORTATION USED FOR SHOPPING, MEDICAL APPOINTMENTS AND SOCIAL OCCASIONS

Information was gathered on the type of transportation used by the respondents for shopping, medical appointments and social occasions. Transportation to these activities were scrutinized with the belief that participation in these activities is common to the experiences of most older persons. The two most frequent modes of transportation used for each activity were recorded. The discussion that follows considers the activities separately.

2.1 Shopping

Table I illustrates the two principal types of transportation used by the total sample to go shopping. The modes are ordered in terms of frequency of use. The mode relied on most frequently is defined as the first mode. An analysis of the first mode of transportation used for shopping, reveals that the largest proportion of respondents (43%, n=346) drove themselves. Twenty-six percent (n=208) were driven by others (spouse, relations or friends); twenty percent (n=165) walked; eight percent (n=66) used public transportation and one percent (n=4) used the services of a community agency.

Some notable differences were found across areas in the most frequently used form of transportation for shopping. Table 2 shows that residents of Penetanguishene/Brockville (54%, n=77) were more likely to drive themselves shopping than the residents in any of the remaining communities. Residents of Toronto (29%, n=72) were least likely to drive themselves and most likely to use public transit. No differences among areas were found in the use of community agencies.

Forty-three percent (n=364) of the total sample indicated a second mode of transportation or an alternate means of transportation for shopping. Forty-one percent (n=149) were driven by others; 21% (n=76) used public transportation; seventeen percent (n=62) walked and one percent (n=4) used community services.

2.2 Medical Appointments

Table 3 illustrates the means of transportation used for medical appointments. With respect to the first mode, forty percent (n=329) of the respondents drove themselves. Slightly over ten percent walked (13%, n=110), were driven by their spouse (11%, n=86), were driven by relatives (14%, n=113), or made use of public transportation (14%, n=111).

¹ Public transportation refers to any mode of transportation owned by the municipality, province or federal government.

Two percent (n=13) called on community agencies. As an alternate or second mode, the respondents were equally divided between those who relied on public transportation (21%, n=68) and those who were driven by relatives (21%, n=67). Sixteen percent (n=52) used taxis and three percent (n=8) used the services of community agencies.

Some differences among areas were identified in the primary mode of transportation used. Table 4 shows that in Penetanguishene/Brockville (52%, n=76), in the rural communities (48%, n=76) and in Sault Ste Marie/Windsor (43%, n=112), the largest proportion of respondents drove themselves to medical appointments. In Toronto the largest proportion (27%, n=69) used public transportation.

2.3 Social Occasions

As the primary mode of transportation to social occasions, almost one-half (46%, n=326) of the respondents drove themselves. Table 5 illustrates that ten percent (n=75) used public transportation and one percent (n=2) used community agencies. For the second mode, almost one-fifth (n=53) were driven by relatives and an almost equal proportion (18%, n=52) sought public transportation. One percent (n=3) used community agencies.

Differences across areas are depicted on Table 6. Although the largest proportion of respondents in each of the areas drove themselves to social occasions, the proportion of drivers varied considerably among areas from a low of 33% (n=75) in Toronto to a high of 59% (n=70) in Penetanguishene/Brockville. Use of public transportation varied as well and ranged from one percent (n=1) in the rural areas to 23% (n=54) in Toronto. Community agencies were relied on minimally in all areas (approximately one percent).

3. PROBLEMS WITH TRANSPORTATION

The respondents were asked to indicate if transportation presented any problems when getting to the activities discussed above. The proportion of respondents to identify problems was six percent (n=44 - shopping) five percent (n=40 - medical appointments) and five percent (n=34 - social occasions).

The number of respondents reporting transportation problems differed across areas. Table 7 illustrates that irrespective of the activity, transportation problems were more common in Penetanguishene/Brockville and Toronto than in the rural areas or Sault Ste. Marie/Windsor.

The problem reported most frequently and by more than half of the respondents was the absence of persons who could be called upon for a ride. See Table 8. Problems also frequently cited were the inconvenience of public transportation and the dislike of dependency on other persons. Less than ten percent of the respondents reported problems associated with the expense of transportation or the inability to use public transportation.

The respondents who reported one or more transportation problems totalled nine percent (n=76). By area, the number of persons reporting problems was as follows:

	<u>(N)</u>	<u>%</u>
Penetanguishene/Brockville	(19)	13
Cookstown/Athens/Bruce Mines	(13)	8
Sault Ste. Marie/Windsor	(12)	5
Toronto	(32)	12

The age, sex, number of children, number of interfering health conditions, marital status, ethnic background and income of the respondents who reported transportation problems were analyzed. The significant discriminating factors were number of interfering health conditions, sex and marital status.

Table 9 illustrates that transportation problems were more likely to be reported by the respondents with a greater number of interfering health conditions. Transportation problems were reported by three percent (n=7) of the persons without interfering health conditions compared to 26% (n=29) of those with six or more interfering conditions.

Women (13%, n=62) more often than men (3%, n=12) identified transportation problems. As well, problems with transportation were cited by single and widowed respondents more often than married or divorced/separated respondents. Table 10 illustrates that fourteen percent (n=8) of the single respondents, fifteen percent (n=5) of the divorced/separated respondents and seven percent (n=32) of those who were married reported transportation problems.

Irrespective of whether the respondents indicated transportation problems, they were asked to respond to the question..."If you could get further assistance with transportation, would you be interested in having the assistance?" Almost one-fifth (19%, n=155) of the respondents answered in the affirmative and specified the type of assistance they wanted. Thirty-five percent (n=52) wanted the assistance of an accompanying individual when travelling by public or private transportation. Thirty-five percent (n=54) wanted a transportation service that would pick them up at their home. A further 31% (n=45) expressed a desire for financial assistance with taxis.

4. USE OF PUBLIC TRANSPORTATION AND TAXIS

A series of questions focused on the respondents' general use of public transportation and taxis. Fifty percent (n=425) of the total sample reported using public transportation. Shown below is the number of public transportation users by area:

	<u>(N)</u>	<u>%</u>
Penetanguishene/Brockville	(35)	24
Cookstown/Athens/Bruce Mines	(55)	33
Sault Ste Marie/Windsor	(113)	44
Toronto	(215)	81

Toronto residents were most likely users of public transportation. The least likely users resided in Penetanguishene/Brockville.

Those who used public transportation generally travelled without any assistance. However, five percent of the respondents reported using the assistance of another person all of the time and nine percent (n=37) stated they used the assistance of another individual some of the time.

When asked if they required any assistance when travelling by public transportation, three percent (n=14) of the respondents answered in the affirmative. The majority (86%, n=12) of these persons said they needed the assistance of an accompanying individual. Fourteen percent (n=2) expressed a desire for financial assistance.

The respondents who did not use public transportation were asked for the reason. Sixty-nine percent (n=283) of the non-users stated they had no need for it; one percent (n=5) said it was too expensive; four percent (n=17) said it was not conveniently located; six percent (n=24) stated they needed personal assistance and did not have it; thirteen percent (n=54) said there was no public transportation in their area and seven percent (n=28) said they were unable to use it.

The reasons for not using public transportation differed somewhat by area. They are depicted on Table 11. The absence of need, the most common reason for not using public transportation, was expressed by 56% (n=27) of Toronto's residents compared to 86% (n=116) of residents in Sault Ste. Marie/Windsor. A problem cited frequently (close to 25% of respondents) in the areas of Penetanguishene/Brockville and Cookstown/Athens/Bruce Mines was the unavailability of public transportation. In Toronto, more than in any other area, respondents reported the absence of an individual to accompany them when travelling.

The characteristics of the public transportation users were analyzed. Differences in number of interfering health conditions, age, sex, ethnic background and income were examined. The significant discriminating factors were sex and marital status. Table 12 illustrates that women (57%, n=270) were more frequent users of public transportation than men (42%, n=146). Widowed (60%, n=163) and single (73%, n=44) persons were also the more frequent users of public transportation. Less than one-half (41%, n=192) of the married respondents used public transit. See Table 13.

Taxis were used less often than public transportation. Thirty-two percent (n=272) of the total sample used taxis, with the proportion differing by area:

	<u>(N)</u>	<u>%</u>
Penetanguishene/Brockville	(55)	37
Cookstown/Athens/Bruce Mines	(150)	9
Saulte Ste. Marie/Windsor	(84)	33
Toronto	(116)	44

Toronto residents were the most frequent users of taxis and as expected, residents in the rural communities used taxis least frequently.

Among the taxis users, seven percent (n=20) said they used the assistance of another individual all of the time; eighteen percent (n=48) reported using the assistance of an accompanying individual some of the time. It is noteworthy that six percent (n=15) of those who reported travelling by taxis said they could use further assistance. Fifty-five percent (n=6) wanted financial assistance and 45% (n=5) wanted an accompanying individual. These findings should be regarded with caution in light of the small numbers in these categories.

Of the persons who did not use taxis (68%, n=563), 71% (n=402) said they had no need for them; fifteen percent (n=86) said taxis were too expensive; ten percent (n=59) said they were physically unable to use them; two percent (n=7) said they did not have access to an accompanying individual and a further two percent (n=9) reported that taxis were not conveniently located.

5. LOCATION OF RESPONDENTS' RESIDENCE IN RELATIONSHIP TO TRANSPORTATION

Eleven percent (n=92) of the respondents complained that their residence was located too far from transportation. Table 14 illustrates that the largest proportion (21%, n=36) of these respondents resided in the rural communities; eight percent (n=19) resided in Sault Ste. Marie/Windsor and five percent (n=14) were residents of Toronto.

6. THE USE OF ADDITIONAL INCOME ON TRANSPORTATION

The interviewees were asked to respond to the question: "If you had additional income, would you spend it on transportation or a new car...?" Almost one-third (32%, n=259) of the respondents said they would spend additional income on transportation and an additional five percent (n=41) said they might. No significant differences were found across areas in the responses. The responses did, however, differ across age groups, sex and marital status. Factors including income, ethnic background, education and health status did not discriminate among groups. Tables 15 through 17 show that the persons most likely to spend additional income on transportation were between the ages of 62 and 74 (37%, n=179), were men (36%, n=122) and were divorced/separated (46%, n=15) or married (35%, n=158).

7. CONCLUSION

This paper examined the use of transportation by the 846 persons interviewed for the U.S.C.O. survey. The principal focus of this paper was on the basic type of transportation used and associated problems.

An accumulating body of gerontological literature has pointed to the implications of transportation for the older persons' quality of life. Cutler (1978) reports:

...A major and long-standing research interest among gerontologists has been in variables such as social activity, social interaction, and various facets of psychological well-being. From the consistent and accumulating evidence, there is no escaping the conclusion that transportation is a factor of demonstrable importance in these and other areas (p. 230)

In recognition of the potential significance of transportation, the transportation experiences of the respondents in the USCO survey were addressed.

The survey produced a number of significant findings and documentation that can serve as the basis for further research. The study highlighted the large number of respondents who depend on their own driving for transportation or on the assistance of friends/relatives. The study also pointed out the differing proportions of respondents across areas who identified transportation problems. It is significant to note that the respondents residing in Toronto and Penetanguishene/Brockville were the most likely to report transportation problems. Residents of Sault Ste. Marie/Windsor reported transportation problems least often.

It is noteworthy that the type of transportation problems reported did not pertain to individual problems of driving. Rather, the problems identified in largest proportion, related to the absence of individuals who could be asked for a ride. The cost of transportation was not regarded as a critical problem by the majority of respondents.

The findings presented describe the transportation habits and problems of 846 older persons in eight communities across Ontario. The majority (91%) of the respondents reported no transportation problems. Nine percent, however did. To more completely understand the transportation problems expressed, the problems should be examined in juxtaposition with available programs and/or services. Documentation is yet required of the existence of transportation services by community, the structure of the services, the knowledge older persons have of the services and the accessibility and the affordability of the services.

Adequate transportation is a critical enabling factor to the maintenance of independence for older persons. It is a facilitating factor in the integration of older persons into society and into the use of its resources. To be successful, transportation must not only be carefully engineered, but must provide access to places older persons want to go in ways that are comfortable, convenient and dignified.

TABLE 1: NUMBER AND PERCENTAGE OF RESPONDENTS BY
THE TWO MODES OF TRANSPORTATION USED
TO GO SHOPPING

	<u>FIRST MODE</u>		<u>SECOND MODE</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Walk	(165)	20	(62)	17
Drive Self	(346)	43	(42)	11
Driven by Spouse	(89)	11	(43)	12
Driven by Relatives	(101)	13	(74)	20
Driven by Friends	(18)	2	(32)	9
Taxi	(16)	2	(31)	9
Public Transportation	(66)	8	(76)	21
Community Agency	(4)	1	(4)	1
TOTAL	(805)*	100	(364)*	100

*41 Missing Cases

*482 Persons Indicated Only One
Mode of Transportation

TABLE 2: NUMBER AND PERCENTAGE OF RESPONDENTS BY THE FIRST MODE OF TRANSPORTATION USED TO GO SHOPPING BY AREA

	PENETANG/BROCKVILLE		COOKS/ATH/BRUCE MINES		S.S. MARIE/WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(22)	15	(30)	19	(26)	10	(87)	34
Drive Self	(77)	54	(80)	50	(117)	47	(72)	29
Driven by Spouse	(20)	14	(17)	11	(25)	10	(27)	11
Driven by Relatives	(15)	11	(25)	16	(41)	16	(20)	8
Driven by Friends	(2)	1	(6)	3	(7)	3	(3)	1
Taxi	(6)	4	-	-	(7)	3	(3)	1
Public Transportation	-	-	(1)	1	(27)	10	(38)	15
Community Agency	(1)	1	-	-	(1)	1	(2)	1
TOTAL	(143)*	100	(159)**	100	(251)***	100	(252)**	100

*5 Missing Observations, **9 Missing Observations, ***14 Missing Observations, **13 Missing Observations

TABLE 3: NUMBER AND PERCENTAGE OF RESPONDENTS
BY THE TWO MODES OF TRANSPORTATION
USED TO GET TO MEDICAL APPOINTMENTS

	<u>FIRST MODE</u>		<u>SECOND MODE</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Walk	(110)	13	(31)	10
Drive Self	(329)	40	(33)	10
Driven by Spouse	(86)	11	(39)	12
Driven by Relatives	(113)	14	(67)	21
Driven by Friends	(20)	2	(22)	7
Taxi	(36)	4	(52)	16
Public Transportation	(111)	14	(68)	21
Community Agency	(13)	2	(8)	3
TOTAL	(818)*	100	(320)**	100

*28 Missing Observations

**4 Missing Observations

522 People Indicated Only One
Mode of Transportation

TABLE 4:
NUMBER AND PERCENTAGE OF RESPONDENTS BY THE FIRST MODE OF TRANSPORTATION
USED TO GET TO MEDICAL APPOINTMENTS BY AREA

	PENETANG/BROCKVILLE		COOKS/ATH/BRUCE MINES		S.S. MARIE/WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(22)	15	(30)	19	(17)	7	(41)	16
Drive Self	(76)	52	(76)	48	(112)	43	(65)	25
Driven by Spouse	(20)	14	(16)	10	(24)	9	(26)	10
Driven by Relatives	(17)	11	(26)	17	(40)	16	(30)	12
Driven by Friends	(1)	1	(4)	3	(7)	3	(8)	3
Taxi	(7)	5	-	-	(17)	6	(12)	5
Public Transportation	(2)	1	(1)	1	(39)	15	(69)	27
Community Agency	(1)	1	(5)	2	(2)	1	(2)	2
TOTAL	(146)*	100	(158)**	100	(258)***	100	(256)**	100

*2 Missing Observations, **10 Missing Observations, ***7 Missing Observations, **7 Missing Observations

TABLE 5:

NUMBER AND PERCENTAGE OF RESPONDENTS
BY THE TWO MODES OF TRANSPORTATION
USED TO GO TO SOCIAL OCCASIONS

	<u>FIRST MODE</u>		<u>SECOND MODE</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Walk	(86)	12	(24)	8
Drive Self	(326)	46	(30)	11
Driven by Spouse	(81)	11	(41)	14
Driven by Relatives	(80)	11	(53)	19
Driven by Friends	(52)	7	(48)	17
Taxi	(11)	2	(34)	12
Public Transportation	(75)	10	(52)	18
Community Agency	(2)	1	(3)	1
TOTAL	(713)*	100	(285)**	100

*133 Missing Observations

**533 Respondents Listed One
Mode of Transportation
28 Missing Observations

TABLE 6:
NUMBER AND PERCENTAGE OF RESPONDENTS BY THE FIRST MODE OF TRANSPORTATION
USED TO GO TO SOCIAL OCCASIONS BY AREA

	PENETANG/BROCKVILLE		COOKS/ATH/BRUCE MINES		S. S. MARIE/WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
Walk	(16)	13	(24)	17	(23)	10	(23)	10
Drive Self	(70)	59	(76)	54	(105)	47	(75)	33
Driven by Spouse	(17)	14	(16)	11	(20)	9	(28)	12
Driven by Relatives	(6)	5	(14)	10	(36)	16	(24)	11
Driven by Friends	(5)	4	(10)	7	(17)	7	(20)	8
Taxi	(4)	3	-	-	(3)	1	(4)	2
Public Transportation	(1)	2	(1)	1	(19)	9	(54)	23
Community Agency	-	-	-	-	(1)	1	(1)	1
TOTAL	(119)*	100	(141)**	100	(224)***	100	(229)**	200

*29 Missing Cases, **27 Missing Cases, ***41 Missing Observations

** 36 Missing Observations

TABLE 7: NUMBER AND PERCENTAGE OF RESPONDENTS REPORTING TRANSPORTATION PROBLEMS BY AREA

	PENETANG/BROCKVILLE		COOK/ATH/BRUCE MINES		S. S. MARIE/WINDSOR		TORONTO	
	(N)	%	(N)	%	(N)	%	(N)	%
PROBLEMS WITH TRANSPORTATION TO:								
Shopping	(12)	8	(8)	5	(7)	3	(21)	3
Medical Appointments	(13)	9	(5)	3	(4)	2	(17)	7
Social Activities	(10)	8	(6)	4	(7)	3	(11)	5

TABLE 8:

TYPE OF TRANSPORTATION PROBLEMS
EXPRESSED BY RESPONDENTS WITH
RESPECT TO GOING SHOPPING, GOING
TO MEDICAL APPOINTMENTS AND GOING
TO SOCIAL OCCASIONS
(NUMBER AND PERCENTAGE)

PROBLEMS WITH TRANSPORTATION RELATED TO:

	<u>SHOPPING</u>		<u>MEDICAL</u> <u>APPOINTMENTS</u>		<u>SOCIAL</u> <u>ACTIVITIES</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Public Transportation Inconvenience	(7)	15	(4)	10	(4)	12
Transportation Expensive	(3)	6	(3)	8	(1)	3
Unable To Use Public Transportation	(4)	8	(3)	8	-	-
No Public Transportation	(3)	6	(2)	5	(4)	12
No Person To Ask	(26)	53	(23)	59	(20)	61
Dislikes Depending On Others	(6)	12	(4)	10	(4)	12
TOTAL	(49)	100	(39)	100	(33)*	100

*1 Missing Observation

TABLE 9: NUMBER OF INTERFERING HEALTH CONDITIONS REPORTED
BY RESPONDENTS BY THEIR TRANSPORTATION PROBLEMS
WITH TRANSPORTATION
(NUMBER AND PERCENTAGE)

NUMBER OF INTERFERING HEALTH CONDITIONS										
	1		2		2-3		4-5		6+	
	(N)	%	(N)	%	(N)	%	(N)	%	(N)	%
No Transportation Problems (240)	97		(144)	91	(196)	93	(92)	90	(82)	74
Transportation Problems (7)	3		(15)	9	(15)	7	(10)	10	(29)	26
TOTAL*	(247)	100	(159)	100	(211)	100	(102)	100	(111)	100

Chi Square = 51.43 $P \leq .01$

*16 Missing Observations

TABLE 10:

MARITAL STATUS OF RESPONDENTS
BY THEIR PROBLEMS WITH TRANSPORTATION
(NUMBER AND PERCENTAGE)

	<u>MARITAL STATUS</u>							
	<u>SINGLE</u>		<u>MARRIED</u>		<u>WIDOWED</u>		<u>DIVORCED/ SEPARATED</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Transporta- tion Problems	(51)	86	(433)	93	(237)	88	(28)	85
Transportation Problems	(8)	14	(32)	7	(33)	12	(5)	15
TOTAL*	(59)	100	(465)	100	(270)	100	(33)	100

Chi Square = 7.29 P < .05

*9 Missing Observations

TABLE 11: REASONS FOR NOT USING PUBLIC
TRANSPORTATION BY AREA
(NUMBER AND PERCENTAGE)

	<u>PENETANG/ BROCKVILLE</u>		<u>COOKS/ATH/ BRUCE MINES</u>		<u>S.S. MARIE/ WINDSOR</u>		<u>TORONTO</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
No Need for Public Transporta- tion	(72)	66	(66)	58	(116)	85	(27)	56
Too Expensive	-	-	(2)	2	(3)	2	-	-
Not Conveni- ently located	(4)	3	(10)	9	(2)	2	(4)	8
Needs Assis- tance and has None	(7)	6	(4)	4	(8)	5	(14)	28
Unable to Use It	(4)	4	(4)	4	(5)	4	(4)	8
No Public Transportation	(23)	21	(27)	23	(2)	2	-	-
TOTAL	(110) [*]	100	(113)	100	(136) ^{**}	100	(49)	100

*3 Missing Observations

**6 Missing Observations

TABLE 12: SEX OF RESPONDENTS BY THEIR USE OF
PUBLIC TRANSPORTATION
(NUMBER AND PERCENTAGE)

	MEN		WOMEN	
	(N)	%	(N)	%
Used Public Transportation	(146)	42	(270)	57
Did Not Use Public Transportation	(206)	58	(204)	43
TOTAL*	(352)	100	(474)	100

Chi Square = 18.76 P < .01

*10 Missing Observations

TABLE 13: MARITAL STATUS OF RESPONDENTS BY THEIR
USE OF PUBLIC TRANSPORTATION
(NUMBER AND PERCENTAGE)

	<u>MARITAL STATUS</u>							
	<u>SINGLE</u>		<u>MARRIED</u>		<u>WIDOWED</u>		<u>DIVORCED/ SEPARATED</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Used Public Transporta- tion	(44)	73	(192)	41	(163)	60	(19)	58
Did Not Use Public Transporta- tion	(16)	27	(274)	59	(110)	40	(14)	42
TOTAL*	(60)	100	(466)	100	(273)	100	(33)	100

Chi Square = 38.52 P < .01

*4 Missing Observations

TABLE 14: NUMBER AND PERCENTAGE OF RESPONDENTS WHO
REPORT THAT THE LOCATION OF THEIR RESIDENCE
IS TOO DISTANT FROM TRANSPORTATION

<u>AREA</u>		<u>(N)</u>	<u>%</u>
Penetanguishene/Brockville	(n=148)	(23)	16
Cookstown/Athens/Bruce Mines	(n=168)	(21)	36
Sault Ste. Marie/Windsor	(n=252)	(19)	8
Toronto	(n=264)	(114)	5

TABLE 15: AGE GROUP OF RESPONDENTS BY THEIR
WILLINGNESS TO SPEND ADDITIONAL INCOME
ON TRANSPORTATION
(NUMBER AND PERCENTAGE)

	<u>AGE GROUP</u>					
	<u>65 - 74</u>		<u>75 - 84</u>		<u>85+</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Would Spend Additional Income On Transportation	(179)	37	(66)	25	(9)	15
Would Not Spend Additional Income On Transportation	(301)	63	(200)	75	(51)	85
TOTAL*	(480)	100	(266)	100	(60)	100

Chi Square = 20.54 P < .01

*30 Missing Observations

TABLE 16:

SEX OF RESPONDENTS BY THEIR WILLINGNESS
TO SPEND ADDITIONAL INCOME ON TRANSPORTATION
(NUMBER AND PERCENTAGE)

	<u>MEN</u>		<u>WOMEN</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Would Spend Additional Income On Transportation	(122)	36	(131)	28
Would Not Spend Additional Income On Transportation	(219)	64	(329)	72
TOTAL*	(341)	100	(460)	100

Chi Square = 4.50 P < .05

*35 Missing Observations

TABLE 17:

MARITAL STATUS OF RESPONDENTS BY THEIR
WILLINGNESS TO SPEND ADDITIONAL INCOME
ON TRANSPORTATION
(NUMBER AND PERCENTAGE)

	<u>SINGLE</u>		<u>MARRIED</u>		<u>WIDOWED</u>		<u>DIVORCED/ SEPARATED</u>	
	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>	<u>(N)</u>	<u>%</u>
Would Spend Additional Income On Transportation	(17)	30	(158)	35	(64)	24	(15)	46
Would Not Spend Additional Income On Transportation	(39)	70	(296)	65	(199)	76	(18)	54
TOTAL*	(56)	100	(454)	100	(263)	100	(33)	100

Chi Square = 11.56 P < .01

*30 Missing Observations

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

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2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

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8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Differences By Marital Status With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.
13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.
15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

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APPENDIX

GLOSSARY

- Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occurring by chance.
- Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).
- Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.
- Community Agency/Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.
- Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.
- Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.
- Dependent Variable: the outcome or determined condition in a relationship between two or more variables.
- Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)
- Frail: reports of three or more disabilities was the basis for defining a person as frail.

- Frequencies:** descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.
- Friendly Visiting:** a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.
- G.I.S.:** Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.
- GAINS-A:** Ontario provincial income supplement for senior citizens.
- Health Care System:** family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.
- Home Care:** a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.
- Independent Variables:** the determining condition in a relationship of two or more variables.
- Institutional Settings:** nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.
- Instrument:** the tool used to gather data; in this case the tool was an interview schedule.
- Interfering Health Conditions:** health conditions identified by a physician which the respondents consider to interfere with their day to day activities.
- Interview Schedule:** the questionnaire used by the interviewer to ask questions and record information.

- Leisure Activity:** an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.
- Mean (\bar{X}):** the sum of all the observations divided by the number of observations.
- Missing Observations:** instances in which the information is not available for a particular question.
- Multiple Response:** a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.
- OARS ADL Scale:** specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).
- Old Age Security Data Base:** a complete listing of all persons aged 62+ who receive the Old Age Security Pension and the Spouse's Allowance.
- Paid Help:** distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.
- Personal Care Activities:** activities such as bathing, dressing and getting in and out of bed.
- Pretest:** the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married:

individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample:

a process for sample selection in which every element in the population is given an equal chance of being picked.

Representativeness:

the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.:

a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS:

Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample:

part of the population at large, selected for study.

Sample Frame:

the base from which a sample is drawn, i.e., list of names.

Significant Differences:

determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single:

persons who have never been married or are not living common-law.

Social Contacts:

visits with friends and family or in person.

Socio-Economic:

characteristics frequently used to measure social status such as educational level or income.

Stratified Sample:

a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing
Arrangements:

a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau:

Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable:

refers to a particular characteristic of the sample being considered.

Volunteer:

a person who gives his/her time to a particular cause or organization without pay.

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